

**WATERFORD SOCCER ASSOCIATION  
PHYSICAL EXAMINATION/PHYSICIAN'S STATEMENT**

All children registering for a team must have this form completed and submitted to the Waterford Soccer Association before the child can participate. A child may not practice or play in games without an up-to-date physical. Players with up-to-date physicals may provide their own copies of their current physicals attached to this form.

**PLEASE PRINT**

Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

I certify that I have on this date examined this student and that, on the basis of this examination and the student's medical history as furnished to me, found no reason to render supervised athletic activity medically inadvisable for this student.

List any limitation the Waterford Soccer Association should be aware of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of attending physician: (Please print)**

**Date of Examination:**

\_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Signature

\_\_\_\_\_