



VALLEY YOUTH CONFERENCE

Track and Field and Cross Country Division

PARENTS MEDICAL CLEARANCE AND PERMISSION TO PARTICIPATE

VALLEY YOUTH CONFERENCE TRACK AND FIELD AND CROSS COUNTRY strongly recommends that children have a medical check-up by a physician prior to participating. To participate in this Conference, the child's parent or guardian **MUST** fill out one of the statements below and sign at the bottom.

I am aware that Track and Field and Cross Country are physically demanding sports that requires strenuous effort to participate. I am not aware of any medical or physical condition(s) of my child (name listed below) that would limit his/her participation in the VALLEY YOUTH CONFERENCE TRACK AND FIELD AND CROSS COUNTRY programs.

PLAYER _____ CLUB _____

My Child _____ has the following medical or physical condition(s) that are of concern to me: _____

Clearance to play VALLEY YOUTH CONFERENCE TRACK AND FIELD AND CROSS COUNTRY has been obtained through the following medical channels (including tests, examinations and evaluations) and approval to participate has been given by signature of Doctor indicated: _____

Dr. _____ Date _____

Performance Enhancing Substances – The Valley Youth Conference, its member organizations and representatives of these organizations shall NOT recommend, promote or suggest any type of substance whether chemical, vitamin, mineral, or herbal to be used by its athletes.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

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