



### Athlete Physical Form

To ensure that all of our athletes are in good health, and sport ready, we ask that you have the following form filled out by your family physician.

Dear Physician,

Please complete the form below and record any concerns that you may have regarding the following athlete. He/she is a competitive athlete and this form will help our instructors know if there are any limitations that we should be made aware of.

Athlete Name \_\_\_\_\_ Age \_\_\_\_\_

**Yes** Cleared for GYMNASTICS Sport:

Yes cleared for gymnastics with modifications/restrictions/follow up:

Not cleared for sport:

Medications:

Allergies:

Other:

Any Concerns/Comments the Physician may have that the staff at PA should be notified about for the child's health, safety and well being;