



65 SOUTH MAPLE AVENUE, 2ND FLOOR, BASKING RIDGE, NJ 07920 908-766-1311

ridgeyouthsports@gmail.com

CHILD HEALTH RECORD

Player's Last Name: _____ Player's First Name: _____

Date of Birth: _____ Gender: M F High School Graduation Year: _____

Parent #1 (Name and Cell): _____

Parent #2 (Name and Cell): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Email Address: _____

Emergency Contact #1 (Name and Cell): _____

Emergency Contact #2 (Name and Cell): _____

TO BE FILLED OUT BY PHYSICIAN

(Physical must be within 365 days from start of practice)

Date of Examination: _____ Results of examination normal? Y N

Height: _____ Weight: _____ Glasses or Contacts? Y N

Medication taken on a regular basis: _____

Allergies: _____

Epi-Pen/Inhaler? _____

Other Physical Conditions: _____

Other Physician Remarks: _____

I have examined the above player and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in full contact sports.

Physician's Signature: _____ Date: _____

Physician's Name: _____ Office Stamp: _____

Parent/Guardian is responsible for returning this form by the designated deadline.
The registered child will not be able to participate in this program until this form or the **NJ Preparticipation Form** is handed into the RYSI Office. You may mail it or email to the address above.

YOU DO NOT NEED TO SEND IN THE IMMUNIZATION FORM!

THIS FORM CANNOT BE USED FOR PARTICIPATION IN ANY BERNARDS TOWNSHIP SCHOOL ACTIVITIES OR POP WARNER!