



Cleveland Muny Football League

Youth Football & Cheerleading

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Sports Physical at Practice/Location Parent Consent Form

I, _____, parent or legal guardian of
(parent/guardian name)

_____, born ____/____/____, do
(student athlete name) (student athlete's date of birth)

hereby authorize a sports/school physical on ____/____/____ at
(date of sports physical exam)

_____ in the City of Cleveland,
(location of sports physical exam)

Cuyahoga County, for my child, an athlete at _____.
(student athlete's team name)

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam and it is not intended to provide treatment nor to create a physician/patient relationship. I understand that athletic participation comes with the risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended, it is my responsibility to seek care from an appropriate provider.

I certify I am the parent/legal guardian for this athlete/minor. I understand the information above.

Signature of Parent/Guardian

____/____/____
Date

(____)____-____
Parent/Guardian Day Contact Number

Mission Statement

The Cleveland Muny Football League was established to bring member organizations together to develop *local* football programs that *teach the great sport of football*. As a developmental organization our focus is directed toward the following goals: Teach the fundamentals of the game; Encourage teamwork and sportsmanship at all times; Learn the value of athletic competition and create a fun environment for all players. The success of our member organizations will not be measured by wins or losses, but on how they meet these goals.