

Wilson Youth Sports
Physical Form

Child's Name: _____

Address: _____

Phone Number: _____ Birthdate: _____

I have examined, _____ on _____

and found the child to be in good physical health to participate in activities listed below.

I understand this physical will only be valid for one year.

Doctor's Name: _____

Address: _____

Phone: _____

Doctor's Signature: _____

- Basketball
- Baseball
- Football
- Soccer
- Swimming
- Softball
- Cheering
- Wrestling

Please make copies if your child will be playing more than one sport. All Associations must have a copy of this form on file. This form expires one year from the date of the physical and your child will need another physical.