

**Trailblazers LI, Inc.**  
Medical Clearance Form

<b>PLAYER INFORMATION</b>			
Player Name ( <i>Print First &amp; Last</i> ):	Date of Birth:	Age:	Division: (M/F)
Address:	City:	Zip:	
<b>PHYSICIAN'S CERTIFICATION</b>			
I HEREBY CERTIFY that _____ was examined by me on the below date. There is no contra-indication to participation in any sport, including basketball.		<b>PHYSICIAN'S STAMP</b>	
Physician's Signature:	Date:	Phone:	