## OSAN YOUTH SPORTS PROGRAM

Physical Examination/Screening/Medical History Form IAW AFMAN 34-804 Each child must have a yearly physical examination to participate in youth sports.

	ed by parent/sponsor)				
Youth's Name:		Date of Birth:	Date of Last Pl	hysical:	
Sponsor's Nam	e:	Rank:			
Sponsor STAIN					
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Address:		Home Phone:	Work Phone:		
		EMAIL:	-1		
Emergency	y Contact				
Name:		Relationship:			
Home Phone N	umhor	Duty Phone Numbers			
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Parent's Signature Date					
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