



Certification

To the best of my knowledge, I have answered all the questions fully and truthfully. I do not have any medical problem(s) other than those listed on this physical exam form. I acknowledge that I am currently not suffering from any physical or mental disability, which prevents me from playing professional baseball. I understand if I continue to play professional baseball, it may result in the aggravation of previous injuries and/or sustaining new injuries. I completely understand that any or all of the injuries sustained while participating in professional baseball could result in future permanent physical disability. I fully understand the possible consequences of playing professional baseball, and I am requesting to be cleared to play professional baseball and hereby accept the risks set forth above.

Player Name: _____

(print clearly)

Signature: _____

Date