

## PHYSICAL INFORMATION

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in middle school sports (except as listed below).

DATE OF PHYSICAL \_\_\_\_\_

SIGNATURE OF PHYSICIAN \_\_\_\_\_

EXCEPTIONS \_\_\_\_\_

No student shall represent his school in interscholastic athletics, until there is on file with the superintendent or principal, a statement signed by his/her parent or legal guardian and a practicing physician certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician he/she is physically fit to participate in middle school athletics, and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended by the Co. Depart. of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician.

If a student athlete has been injured in practice and/or competition, and the nature of his/her injury requires medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

### Parent Permission for Athletic Participation

I hereby give my consent for \_\_\_\_\_ to compete in athletics, and related travel, for Harrison School, for the following sports:

(G,B) Cross Country _____	(B) Football _____	(G, B) Wrestling _____
(G,B) Track _____	(G) Softball _____	
(G,B) Basketball _____	(G) Volleyball _____	

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

### PARENT OR GUARDIAN PERMIT & STUDENT/PARENT PLEDGE

Warning: Participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school. **By its nature, participation in interscholastic athletics includes a risk of injury, which may range from minor to long-term catastrophic.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

**Players must obey all safety rules and report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.**

Expectation of playing: The goals and objectives of Harrison School interscholastic sports include: fun, experience, fundamentals of the game, developing competitive skills, developing sport specific skills, and sportsmanship. Interscholastic sports are not intramurals; therefore playing time may not be even and is not guaranteed.

I hereby give my consent for \_\_\_\_\_ to compete in athletics for Harrison School in League approved sports. (Exceptions should be noted on an additional sheet and attached)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_