

*****(BRING THIS COMPLETED FORM TO YOUR COACH AT THE FIRST DAY OF PRACTICE)*****

MOUNT ANTHONY UNION HS/MS PHYSICAL/PARTICIPATION FORM

A. PERSONAL DATA

NAME: GRADE: GENDER: Boy Girl

ADDRESS: CITY:

DATE OF BIRTH: / / FAMILY PHYSICIAN:

PARENT'S NAMES:

MOTHERS WORK PHONE: () MOTHERS CELL/HOME: ()

FATHER'S WORK PHONE: () FATHER'S CELL/HOME: ()

E-MAIL ADDRESS: SPORT:

B. MEDICAL PERMISSION TO PARTICIPATE

I. I, M.D., have found
to be in sound physical condition and may participate in athletics for the - school year

DATE OF PHYSICAL: / Physician's Signature:

or

II-A My son/daughter has already received a physical examination for this school year. He/she last
received a physical exam in (year) for (sport)

or

II-B My son/daughter has a physical exam scheduled for: (month) (day) (year)
(I will have the doctor's office FAX a note of verification upon completion of physical exam to 442-1289)

C. MEDICAL RELEASE SIGNATURE

I, , give the Athletic Trainer or Coach permission, that if my child receives an injury requiring immediate medical attention, to act in my behalf regarding the care of, or treatment to, my child.

I also understand the final decision for my child to return to play will be made by the MAU Athletic Trainer, regardless of the presence of a clearance note from an external healthcare provider.

PARENT'S SIGNATURE:

D. PARTICIPATION PERMISSION STATEMENT

I/We request that be allowed to participate in organized high school athletics, realizing that such activity involves the potential for injury -- sometimes serious and disabling -- which is inherent in all sports. I/We also acknowledge that I/We have read the rules and policies regarding academic, conduct and training rules contained in the MAU Athletics & Activities Digest, and understand that if my child violates these rules, consequences may include suspension and dismissal from participation.

Parent's signature

Student's signature

Date