

**\*\*\* (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 (circle one)  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ FAMILY PHYSICIAN \_\_\_\_\_  
PARENT'S NAMES \_\_\_\_\_ & \_\_\_\_\_  
HOME PHONE NO. \_\_\_\_\_  
FATHER'S WORK PHONE NO. \_\_\_\_\_ MOTHER'S WORK PHONE: \_\_\_\_\_  
SPORT: \_\_\_\_\_ SEASON: Fall/ Winter/ Spring (circle one)

**B. MEDICAL PERMISSION TO PARTICIPATE** (Information in Part I, or Parts II-A or II-B must be completed)

I, \_\_\_\_\_, M.D. have found \_\_\_\_\_  
to be in sound physical condition and may participate in athletics at Mt. Anthony Union HS/MS for the  
20\_\_ - \_\_ school year.  
DATE OF PHYSICAL \_\_\_\_\_ **Physician's Signature:** \_\_\_\_\_

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II-A. My son/daughter has already received a physical examination for this school year. He/she last  
received a physical examination in \_\_\_\_\_ (month) of \_\_\_\_\_ (year) for \_\_\_\_\_ (sport)  
or **Parent's Signature:** \_\_\_\_\_

II-B. My son/daughter has a physical examination scheduled for \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year).  
A copy of the completed physical exam, signed by the physician, will be turned into the coach.  
**Parent's Signature:** \_\_\_\_\_

**C. MEDICAL RELEASE SIGNATURE**

I, \_\_\_\_\_, give the Athletic Trainer, Head Coach or a member of the staff permission,  
that if my son/daughter receives an injury requiring immediate medical attention, to act in my behalf  
regarding the care of, or treatment to, my son/daughter.

**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 policy 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.  
This Digest can be viewed at [www.maupatriots.com](http://www.maupatriots.com) or picked up the MS or HS main offices.

\_\_\_\_\_  
**Parent's signature**

\_\_\_\_\_  
**Student's signature**

\_\_\_\_\_  
**Date**