

ATHLETIC CLEARANCE FORM 2018 – 2019

PHYSICIAN'S CERTIFICATION*

I hereby certify that:

_____ Grade _____
(Last Name) (First Name)
was examined by me on _____, and was found physically fit to engage in all sports except: _____.

Attachments YES NO

COMMENTS:

(Physician's Signature) _____ (Date) _____

**This is an annual physical exam, or a statement by a medical practitioner, certifying that the student is physically fit to participate in athletics.*

PARENTAL PERMISSION

I hereby give my consent for _____
(Last Name) (First Name)

to compete in all athletics except _____. I give my consent for him/her to go with a school representative on any trips and to participate in team activities. I give my consent for him/her to ride with a parent/and/or student to athletic contests and practices that are off campus when school transportation is not available. **I understand that if my athlete is late to school (more than 20 minutes) they may not participate in practice and/or games on that day (exception: Medical/Dental appts.)**. I also understand that a \$85.00 sports fee is due in the Athletic Department Office within (5) working days upon my child making the team for each first sport played. (\$70.00 for second sport; \$55.00 for third sport. (Middle School: \$65.00 first sport; \$55.00 second sport; \$35.00 third sport.) & Jr. Cougar Athletics

(Parent/Guardian Signature) (Date)

VERIFICATION OF INSURANCE

The school makes every effort to protect all students but does not assume any liability for injury. This is to certify that my son/daughter _____

(Last Name) (First Name)
is protected under the terms of an insurance policy which provides medical expense coverage for accidental injury. This coverage will be in effect from this signature date and maintained by me during all periods of participation in school athletics.

(Name of Insurance Company) (Type of Coverage)

(Parent/Guardian Signature) (Date)