

StMM Athletic Permission & Physical Assessment Form

By signing this form, you have given your child the opportunity to tryout and participate in any organized sports sponsored by St. Mary Magdalene Catholic School.

Name of Athlete _____ Grade: _____ Date: _____

Insurance

The following information must be completed and signed by the appropriate parent or guardian and turned in to the school office before participation in student athletic activities will be allowed. If the following information is not complete, this form will be returned to you.

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell/Emergency Phone Number: _____

All students participating in student athletic activities at St. Mary Magdalene Catholic School must have their own medical coverage. Students will not be allowed to participate in student athletic activities unless the following information is submitted and the form is signed by the parent or the guardian of the student.

Insurance Company: _____

Policy Holder: _____

Policy and Group Number: _____

Address or phone number of insurance company:

Signature of Parent or Guardian: _____

Waiver of Liability

We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the student. I hereby give permission to the staff of St. Mary Magdalene Catholic School to seek during the period of school athletic activities, appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student's insurance policy detailed on page 1 of this form. I/We the undersigned, for ourselves, our heirs, our executor and administer, waiver, release, and forever discharge St. Mary Magdalene Catholic School and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while at school.

Signature of Parent or Guardian _____ Date: _____

StMM Sports Physical Assessment

Weight: _____ Height: _____

Has the participant ever or presently have had any of the following:

Head injury (concussion, skull fracture, etc.)	Yes	No
Fainting spells	Yes	No
Convulsions	Yes	No
Neck or back injury	Yes	No
Asthma	Yes	No
High blood pressure	Yes	No
Kidney problems	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Poor vision	Yes	No
Poor hearing	Yes	No
Allergies	Yes	No

Injuries to:

Shoulder	Yes	No	Fingers	Yes	No
Knee	Yes	No	Arm	Yes	No
Ankle	Yes	No	Leg	Yes	No
Back	Yes	No	Other (please specify):	_____	

Is the participant currently taking any medication? _____ No _____ Yes

If yes, what medication(s) and for what purpose(s)? _____

Is the participant allergic to any medication? _____ No _____ Yes

If yes, what medications? _____

Does the examining physician place any restrictions on the participant's activities? _____ Yes _____ No

If yes, please explain: _____

Statement of Physical Fitness

I hereby certify that _____ was examined by me on _____ and was found physically fit to engage in athletic and cheerleading activities at St. Mary Magdalene Catholic School.

Doctor's signature: _____ Date: _____
