

ARCHDIOCESE OF SAN ANTONIO

Physician's and Parent's Certificate for Athletics

Student's Name _____ Date of Birth _____

School _____

PHYSICIAN'S REPORT

Height _____ Weight _____ Body Type _____

Eye _____ Ear _____ Nose _____ Throat _____ Hearing _____

Heart _____ Blood Pressure _____ Lungs _____

Joint Function: Shoulders _____ Elbows _____ Hips _____ Knees _____

Dental (Cavities, Bridges, False Teeth, Retainer, Appliance) (Circle defect)

Other _____

Genitourinary _____ Hernia _____

Is student taking any medications routinely ? Yes ___ No ___ Explain _____

I hereby certify that on this date I have examined the above named student as indicated by items checked and recommend him/her as being physically able to participate in all the supervised activities listed with the EXCEPTION of those circled below:

- BASEBALL BASKETBALL CHEERLEADING CROSS COUNTRY FOOTBALL
SOCCER SOFTBALL TENNIS TRACK & FIELD VOLLEYBALL

Date _____ Signature of examining Physician _____

*****DO NOT DETACH *****DO NOT DETACH *****

I hereby give permission for the above named student to compete in Archdiocesan approved sports, and go with the coach or other school representative on any trips. The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. The undersigned agrees to be responsible in the safe return of all athletic equipment issued by the school to the above named student.

Date _____ Signature of Parent or Guardian _____

Evidence of Student Insurability:

Health Insurance Company: _____ Policy #: _____

Other Insurance Information: _____

Little Flower Athletics

Parents: This form must be complete and signed by both, the student and parent / guardian and be on file with the school's athletic department before the student can participate in any practice session, scrimmage or game.

Student' Name _____ Grade _____

Home Phone # _____

Mother's Work # _____ Father's Work # _____

Mother's Cell # _____ Father's Cell # _____

I hereby give my permission for the above student to participate in the Archdiocese Interscholastic Athletic League (A.I.A.L.) as a member of the Little Flower athletic team. It is understood that even though safety precautions and procedures are taken, the possibility of a serious injury, accident, or any other type of athletic related sickness (heat, asthma, etc.) still remain.

If in the judgment of any representative of the school, and the above named student should need immediate care and treatment as a result of any injury or sickness, I do hereby authorize the representative of the school to secure medical services for the above named student if necessary.

Signature of Parent _____ Date _____

As a member of a Little Flower athletic team, I will follow all the rules and guidelines as listed in the Parent Handbook and Athletic contract.

Signature of Student _____ Date _____

As a parent of a Little Flower Athlete, I understand that my services will be required throughout the season, and that I will be assigned to perform various tasks (Concession, Scorebook, Scoreboard, etc.).

Signature of Parent _____ Date _____

Parents: Please list below who will be authorized to pick your up child from practice or games.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

If not listed, a written note must be presented to the coach or Athletic Director granting permission for the athlete to be picked by the person stated on the note.