

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.*