

Each student in Grades 5-8 must have this form on file with the school office before participating on any athletic team. Students may not practice or play in a game until this form is on file. A new form must be submitted each academic year. This form must be completed and signed by the parents *and* the physician before a student may participate in any sport.

Parochial Athletic Association Sports Participant Medical Form

I. Physician's Certificate

I hereby certify that (athlete's name) _____ has been examined by me and found physically fit to engage in all church/school sports programs.

Height _____ Weight _____ Blood Pressure _____

Remarks:

Date: _____ Physician's Name _____

II. General Information

Athlete's Name _____ SSN _____ Sex: F__M__
Grade _____ Church/School _____ Age _____ DOB _____

Mother's Name _____ SSN _____ Phone _____
Father's Name _____ SSN _____ Phone _____
Parent Work Numbers: Mother _____ Father _____

Another contact, in case of an Emergency _____
Phone _____ Relationship to Student _____

Allergies/ Other Medical Concerns _____

Doctor Preferred _____ Phone _____
Medical Insurance Company _____
Policy Number _____ Group Number _____

III. Parental Consent Statement

By signing this form, I (parent name) _____ certify that I request and give my permission for (student name) _____ to participate in all church/school sports programs. I release the sponsoring church/ school and its pastor, principal, and coaches as well as the Catholic Diocese of Memphis and its representatives from any and all liability. I authorize and request that emergency care be given the above-named student when it is deemed necessary. I also acknowledge that I have been offered a supplemental medical insurance plan.

Parent Signature _____ Date _____

Physician's Signature _____ Date _____