

GOOD FOR ONE CALENDAR YEAR ONLY

Middle School Statement by Physician and Parent for Athletic Participation

Physician's Statement

I hereby certify that I have examined _____ and he/she was found physically fit to engage in athletics at **Challenger Middle School**. Please indicate sport(s), if any, in which he/she SHOULD NOT participate:

Please indicate by checking the box if the student has been screened for:

- Scoliosis
- Vision
- Hearing
-

Physician Signature _____ Date _____

Parent or Guardian Permission

WARNING: Although participation in supervised intramural/interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTRAMURAL/INTERSCHOASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.** By signing this Permission Form we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give my consent for my son/daughter to compete in athletics for Challenger Middle School except those crossed out: football, softball, cross country, wrestling, volleyball, basketball, track and field.

Grade _____ Student Name (Please Print) _____

Date _____ Parent or Guardian's Signature _____

Date _____ Student's Signature _____