

Greendale School District
ATHLETIC PHYSICAL/PARTICIPATION FORM

School Years:

STUDENT INFORMATION

NAME (Last) _____ (First) _____ DATE OF BIRTH _____

AGE _____ SEX _____ GRADE _____ SCHOOL _____ SPORTS _____

ADDRESS _____ CITY _____ ZIP _____

PARENT NAME _____ PHONE _____

FAMILY PHYSICIAN _____ DENTIST _____

PHYSICIAN/NURSE PRACTITIONER:

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

STUDENT NAME _____ HEIGHT _____ WEIGHT _____

Cleared without restriction Cleared with the following qualifications: _____

Not cleared Pending further evaluation For all sports For certain sports: _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician/nurse practitioner may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

NAME OF PHYSICIAN/NP: _____ SIGNATURE _____

ADDRESS _____ PHONE _____ DATE _____

PARENTS: PLEASE READ AND INITIAL IN BOTH LOCATIONS (REQUIRED)

Health Insurance:

The board of education requires the parent or legal guardian to provide accident insurance to cover your son/daughter while participating in an approved sport. Claims for expenses incurred as a result of injury related to participating in Interscholastic Athletics may not be made against the school.

____ I am satisfied with present insurance coverage I intend to make other arrangements.

Health Information:

Does the student have Serious Allergies, Diabetes, Asthma, Seizure Disorder, or other medical condition that they may require medication/treatment? NO YES (If YES, please specify condition: _____)

What medication/treatment may your student require associated with this condition? _____
____ I understand that it will be the parent's responsibility to be sure the student has all emergency medication/treatment available for sports events, clubs and/or extracurricular activities.

I hereby give my permission for the above named student to practice, compete, and represent the school in board approved interscholastic sports except those as restricted. I have read and understand the Greendale Athletic Code and eligibility regulations as printed in the **Athletic Code pamphlet** and agree to abide by them. I acknowledge that failure to abide can result in loss or limitations of the privilege of participation in Interscholastic Athletics. I agree to be financially responsible for the return of all athletic equipment issued to my son/daughter.

I realize that there is a risk of being injured that is inherent in all sports. I realize that the risk of injury may be severe including the risk of fractures, brain injuries, paralysis or even death. Having been warned, I hereby give my consent for my son/daughter to participate in sports and athletic activities with full knowledge and understanding of the risk or serious injury that may result.

I further grant permission to school personal to provide immediate emergency care or secure ambulance service in case of illness or injury that may occur during practice or competition.

PARENT SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____