

School Year: _____

Forcey Christian School Athletic Permission Form

Part I – Parent Permission

Student's Name: _____ Grade: _____ Sex: _____ Date of Birth: _____

I understand and accept that Forcey Christian School will in no way assume any responsibility for injuries sustained to any student traveling to, from, or participating in its scheduled games and practices. I also understand that each sport/activity has its own inherent dangers and potential injury.

1) I hereby give consent to the above-named student to participate in the following (mark out any sport(s) where such consent does not apply):

Soccer Track Basketball Volleyball Cheerleading

I agree to allow my student to travel with the school athletic teams at my own risk. Further, neither the school, church, drivers, coaches, nor faculty will be liable any suit whatsoever resulting from any of the practices, games, activities, or travel.

2) I realize that any insurance coverage, if an injury should occur, would be my responsibility.

3) I am also aware that physical examinations are the parents' responsibility to schedule in order to clear the student for athletic participation. Evidence of physical examination, dated no earlier than July 1 **of the current school year**, and as recorded on the bottom of this form by a physician, must be given to the athletic department before a student participates in practice or athletic events. **NO EXCEPTIONS.**

Parent or Guardian Signature: _____ Date: _____

Address: _____

Part II – Medical Exam (To be completed by a licensed physician.)

Height: _____ Weight: _____ Blood Pressure: _____

(Circle One)

- Yes / No 1) Has had injuries requiring medical attention.
Yes / No 2) Has had illnesses lasting more than a week.
Yes / No 3) Is under a physician's care now.
Yes / No 4) Wears glasses. (Contact Lenses: Yes / No) List uncorrected (/); corrected (/)
Yes / No 5) Has had a surgical operation.

Please explain any "Yes" answers: _____

6) Takes medication now. Please list any medication currently taken. _____

7) List known allergies: _____

8) List any chronic diseases: _____

9) Other: _____

Examination	Satisfactory	Unsatisfactory	No Exam	Examination	Satisfactory	Unsatisfactory	No Exam
Vision				Musculoskeletal			
Hearing				Skin			
Respiratory				Neurological			
Cardiovascular				Lab Test (Specify below)			
Liver/Kidney/Spleen							
Hernia, Genitalia				Other: _____			

If any of the above are "Unsatisfactory" or "No Exam", please comment: _____

I certify that I have examined the above listed student as indicated and find him/her physically able to participate in the sports listed in Part I, Section I, as follows:

(Circle One): **Full Participation**
 Clearance Withheld

Limited Participation
No Participation

Physician's Name (printed): _____

Physician's Signature: _____

Date of Exam: _____

Phone Number: _____