

PHYSICAL/ATHLETIC PARTICIPATION FORM

Bring this completed form to your coach at the first day of practice

PERSONAL INFORMATION

NAME _____ GRADE _____

ADDRESS _____ CITY _____

DATE OF BIRTH _____ FAMILY PHYSICIAN _____

PARENT NAMES _____

HOME PHONE NO. _____

FATHER'S WORK PHONE NO. _____ MOTHER'S WORK PHONE: _____

MEDICAL PERMISSION TO PARTICIPATE

(Information in Part I, or Parts II-A or II-B must be completed)

I, _____, M.D. have found _____
to be in sound physical condition and may participate in athletics at Long Trail School for the
20__ -__ school year.

Date of physical _____ Physician Signature: _____

II-A. My son/daughter has already received a physical examination for this school year.
He/she last received a physical examination on _____ (date).

or
Parent Signature: _____

II-B. My son/daughter has a physical examination scheduled for _____ (date). A copy of the completed physical
exam, signed by the physician, will be returned to LTS.

Parent Signature: _____

MEDICAL RELEASE SIGNATURE

I, _____, give the Head Coach or a member of the staff permission, that if my son/daughter
receives an injury requiring immediate medical attention, to act in my behalf regarding the care of, or treatment to,
my son/daughter.

PARENT'S SIGNATURE: _____

PARTICIPATION PERMISSION STATEMENT

I/We request that _____ be allowed to participate in organized middle or high school
athletics, realizing that such activity involves the potential for injury -- sometimes serious and disabling -- which is
inherent in all sports. I/We also acknowledge that I/We have read the rules and policy regarding academic, conduct
and training rules contained in the LTS Athletics Handbook, and understand that if my child violates these rules,
consequences may include suspension and dismissal from participation.

Parent signature

Student signature

Date

