

Physical Examination Form

ALL PARTICIPANTS MUST HAVE A PHYSICAL FORM ON FILE BEFORE THEY MAY BEGIN PRACTICE!

NO EXCEPTIONS!

Physical exam forms are valid for two (2) years after the date of examination. After that time, they are considered expired.
IT IS THE OBLIGATION OF THE PARENTS TO ARRANGE FOR A PHYSICAL EXAM.
YOU MAY GO TO YOUR OWN DOCTOR OR TO A CLINIC OF YOUR CHOICE.

Participant's Name: _____ Grade (as of the coming Fall): _____

Age: _____ Sex: _____ DOB: ____/____/____

Home Address: _____ City: _____

Name of Private Insurance Carrier: _____

Policy Numbers and Address: _____

The above named participant has been examined and there are no apparent contradictions to participating in interscholastic athletic activities except as follows:

Sports in which this student cannot participate are (if none, write NONE): _____

If participant is restricted or disqualified, please indicate reason(s): _____

Conducting Physician: _____

Physician Address: _____

City and State: _____

Phone (____) ____ - _____

Date of Examination: ____/____/____

Participant's Height: _____' _____" Participant's Weight: _____ lbs.

SIGNATURE OF LICENSED PHYSICIAN OR SURGEON

DATE

1. I hereby give my permission for the above named participant to practice and compete in Junior Crusaders sports excepting those restricted on this form by the doctor.
2. I further grant permission for any medical records pertaining to the health of the above named participant to be made available as necessary to the proper Program or League personnel.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE