



ATHLETIC PERMISSION & PHYSICAL FORM

This form must be completed and turned in to the school, prior to the first practice/try-out session.

Name of Student _____ Grade _____
(please print)

PARENT PERMISSION AND AUTHORIZATION FOR TREATMENT

We hereby give our consent for the above student to represent his/her school in interscholastic athletics at Green Park Lutheran School. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claim, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached in the event of an emergency, we also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities.

We understand that the school will not provide transportation to any event.

We further state that we have listed on the back of this form all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment, and we certify that it is correct and complete.

SIGNATURE OF PARENT OR GUARDIAN

_____ Date _____

PHYSICIAN'S EXAMINATION RECORD

I certify that I have examined the above student and I could detect no reason for him/her not to participate in supervised athletics for **2012-2013 SCHOOL YEAR.**

Physician's Signature _____ Date _____

Physician's Name (Stamp or Print) _____

Physician's Address _____ Phone _____