

ATHLETIC PERMISSION FORM

PART I - Parent Permission (Only one (1) form per school year is required.)

Student's Name _____ Grade _____ Date of Birth _____

I know that Grace Christian Academy, Inc. of West Allis, WI will in no way assume the responsibility for any injuries sustained to any player, cheerleader, manager, statistician, family member, etc. traveling to, from or participating in the 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 sports (mark out any sport(s) where such consent does not apply):
 BOYS' SPORTS - Basketball, Soccer.
 GIRLS' SPORTS - Basketball, Cheerleading, Volleyball.
- 2) I agree to ALLOW MY STUDENT TO TRAVEL with the school athletic teams at my own risk. Further, neither the school, drivers, nor faculty will be liable to any suit whatsoever resulting from any or in any of the practices, games, or travel.
- 3) I realize that the primary INSURANCE COVERAGE, if any injury should occur, would be my responsibility.
- 4) I am also aware that PHYSICAL EXAMINATIONS are the parents' responsibility to schedule in order to clear the student for athletic and cheerleading participation. Evidence of the physical examination (as recorded at the bottom of this form) must be given the school **before** a student participates in any practice, athletic event, or summer sports program.

Parent or Guardian Signature _____ Date _____

In case of emergency: Home Phone _____ Father's Business Phone _____

Mother's Business Phone _____ Other Relative's Phone _____ Cell Phone _____

VALID ONLY for two years from date of physical exam

PART II - Medical Exam (To be completed annually by a licensed physician.)

(Circle One)

- | | |
|----------|---|
| Yes - No | 1. Has had injuries requiring medical attention. |
| Yes - No | 2. Has had illness lasting more than a week. |
| Yes - No | 3. Is under physician's care now. |
| Yes - No | 4. Takes medication now. Please list _____ |
| Yes - No | 5. Wears glasses. (Contact lenses Yes - No) |
| Yes - No | 6. Has had a surgical operation. |
| Yes - No | 7. Has been in hospital (except tonsillectomy). |
| Yes - No | 8. Any reason why the student should not participate in all sports? |

Please explain any "Yes" answers: _____

9. Most recent tetanus toxin immunization date _____

10. Blood pressure _____

11. List known allergies _____

12. List any chronic disease _____

Examination	Satis.	Unsatis.	No Exam	Examination	Satis.	Unsatis.	No Exam
Vision				Musculoskeletal			
Hearing				Skin			
Respiratory				Neurological			
Cardiovascular				Lab Test (Specify below)			
Liver, Spleen, Kidney				Other			
Hernia, Genitalia							

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

I certify that I have examined this student as indicated and find him/her physically able to participate in supervised sports except _____

Physician's Signature: _____ Phone: _____

Date of Exam: _____ Physician's Name (Printed) _____