

PHYSICAL EXAM CARD

Athlete's Last Name: _____ First Name: _____ Initial: _____
Current Grade Level: _____ Age: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Height: _____ Weight: _____

DOCTOR TO COMPLETE THIS SECTION

Physical Exam – I find the above named physically fit to participate in athletics.

Restrictions (as to sports or length of time, if any): _____

Date of Exam: _____ Doctor's Address: _____

Doctor's Signature: _____ Date: _____ Telephone: _____

PARENT/GUARDIAN'S SECTION

1. I will assume all responsibility for equipment issued to my son/daughter, which will be returned after the completion of the Raider Rookies Tackle season, or I will reimburse PACE for replacement costs.
2. I fully realize that the school or PACE do not provide any insurance coverage.
3. I give my permission for the physicians, therapists, and athletic trainers to discuss the medical condition of my son/daughter with the coaches and/or administrators at PHS/PCMS/PACE.
4. We understand that participation in PACE activities is a privilege and that all such participation is voluntary. We are aware that playing or practicing to play/participate in any extra-curricular activity can be dangerous, involving MANY RISKS OF INJURY. We understand that some risk is assumed by the participant as a matter of participating.

Because of the dangers of participating in such activities, I/we recognize the importance of following the coach's/advisor's instructions regarding playing techniques, training, and other rules, etc., and agree to obey such instructions, and I give my consent for my son/daughter to participate in activities sponsored by PACE.

Parent's Signature/Date: _____

STATEMENT OF INSURANCE

I, the undersigned, feel that we have adequate insurance protection for our son/daughter while practicing or participating in interscholastic sports. I do not wish to have my son/daughter enrolled in the athletic insurance plan offered by Student Assurance Services.

Name of Insurance Company: _____

Insurance Policy #: _____

Name of Primary Carrier of Insurance (Mother, Father, etc.): _____

Parent/Guardian's Signature/Date: _____