



PHYSICIAN RELEASE FORM

Dear Parents,

Please be advised that every child who registers for an activity is required to have a Physician Release Form signed by a doctor BEFORE PARTICIPATING IN ANY PRACTICES, LEAGUE GAMES, OR TOURNAMENT GAMES. Any child not having a completed Physician Release will not be allowed to participate until such a release is obtained.

We suggest an annual physical; however, we realize some physicians only require a child to have a complete physical every two years. We abide by the judgment of your physician. He/she should assess your child's health in relation to safely participating in LITTLE DRIBBLERS, BASKETBALL, CHEERLEADING, CROSS COUNTRY, SOCCER, TRACK AND FIELD, OR A VOLLEYBALL program. If there are no restrictions or limitations, please have your physician complete and sign the Physician Release Form below. A new Physician Release Form is required for every new school year. Please return the completed form to your child's coach PRIOR TO THE FIRST SCHEDULED PRACTICE. If your child participates in multiple activities, it is recommended that you keep a copy of the completed form on file.

Please return the completed form to your child's coach PRIOR TO THE FIRST SCHEDULED PRACTICE.

PLEASE RETURN THIS SIGNED FORM TO YOUR COACH PRIOR TO THE FIRST SCHEDULED PRACTICE. DO NOT SEND TO THE SCHOOL OFFICE:

Student Name

Date of Birth

Weight

PHYSICIAN RELEASE:

I have read the above in relation to _____(name of student) who has been examined by me on _____(date) and my examination has found no medical reason to preclude his/her participation in the above named competitive sports for the school year _____(yyyy/yyyy).

Physician Signature

Physician Name & Group (printed)

Date