

Students - Certificate of Physical Fitness for Participation in Athletics

After completion by parent/guardian, please return to Building Principal.

Student:	
Place a check next to each activity in which you plan to participate: <input type="checkbox"/> Football <input type="checkbox"/> Basketball <input type="checkbox"/> Wrestling <input type="checkbox"/> Musicals <input type="checkbox"/> Baseball <input type="checkbox"/> FFA <input type="checkbox"/> Speech Team <input type="checkbox"/> Plays <input type="checkbox"/> Golf <input type="checkbox"/> FCCLA <input type="checkbox"/> Yearbook <input type="checkbox"/> Music contests <input type="checkbox"/> Band <input type="checkbox"/> Cheerleading <input type="checkbox"/> Scholastic Bowl <input type="checkbox"/> Volleyball <input type="checkbox"/> Track and Field	Date of Birth:

I am the parent(s)/guardian(s) of the above student. I certify that my child/ward is in good physical health and is capable of participation in the above-mentioned sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation. I will notify you of any changes in his/her physical condition.

Parent/Guardian (<i>please print</i>):		
Home Address:		
Home Phone:	Business Phone:	Cell Phone:
Physician:		Phone:

Student's Medical History:	Heart Condition Allergies Diabetes Epilepsy Asthma Other _____	Yes Yes Yes Yes Yes	No No No No No
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Any injuries and/or surgical procedures during the past year? (*Include dates*) _____

Has the student's physical activity been restricted during the past year? (*Include reason and duration*) _____

Is the student currently taking any medication? Yes No

If yes, please indicate specifically what medication, and the reason(s):
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Parent/Guardian Signature: _____

_____ date
Revised: 11/19/08