

Sacred Heart Sports Physician Release Form 2005-2006

This release form will be accepted by Sacred Heart Elementary School for Cross Country, Volleyball and Basketball.

Physician Release

_____ has been examined by me on _____
(Child's name) (Date)

and my examination has found no medical reason to preclude her/his participation in competitive sports.

Physician's signature: _____ Today's date: _____

Please make a copy of this completed form for your records.

*Note for parents/guardians of returning students/athletes: medical release forms are good for one year from the date of examination. If you have a copy of your child/children's most recent form(s), please return it with this packet by August 29. If you do not have a copy, and the release form(s) are already on file from last year, you may have this signed at your child/childrens' next yearly scheduled examination, and return a copy to the school as soon as possible.

EVERY ATHLETE MUST HAVE A COMPLETED, CURRENT PARENT RELEASE FORM, EMERGENCY INFORMATION FORM, AND PHYSICIAN'S RELEASE FORM IN ORDER TO PRACTICE OR PLAY. THESE ARE ABSOLUTE DIOCESAN AND SCHOOL REGULATIONS AND THERE WILL BE NO EXCEPTIONS. Completed forms and payment must be turned in to the school office by August 29 in an envelope marked Athletics, or no later than the first practice if your child is to participate in his/her sport.

It would help us keep registration simpler for everyone if all forms and payments are returned early. However, payments may be made by the first practice, and Physician Release Forms (if current within one year) can be updated during the next checkup and returned to school as soon as possible.