Notre Dame School
1000 Moore Road, Michigan City, IN 46360
Office: 219-872-6216 Fax: 219-872-6216

STUDENT ATHLETICS: CONSENT & RELEASE FORM

Student Name: _____ Grade: _____
Address: _____

Participation in an athletic program has risks as well as benefits. Involved students are always susceptible to minor, and sometimes major, injuries during events and during practices. It is with full understanding of these risks that I hereby give consent for my child to participate in the following sports. I also release and hold harmless this school and other schools of all responsibility and liability for any injury or claim resulting from such participation.

☐ Volleyball (5-8) ☐ Basketball (5-8) ☐ Cross Country (PreK-8)

I understand that this form must be completed annually for my child to participate in athletic programs. This Parental Consent and Physician's Clearance will expire one year from the corresponding dates signed below.

Parent/Guardian Signature: _____ Date: _____
Parent Employer: _____ Work Telephone: _____
Home Telephone: _____ Cellular Telephone: _____

Medical Information & Authorization

Preferred Doctor _____ Telephone _____
Preferred Dentist _____ Telephone _____
Insurance Company _____ Policy Number _____
Whenever my child is involved in an activity, and I am temporarily unavailable for necessary medical decisions, I grant to the school principal, or his/her designate, the authority to act for me on any emergency medical decisions that need to be made for my child.
Parent/Guardian Signature: _____ Date: _____

PHYSICIAN'S CLEARANCE & CONSENT

PHYSICAL EXAMINATION REPORT		**Exam Date:**	
Height	Weight	Blood Pressure	Pulse
Is Athlete Asthmatic?		Last Tetanus Shot Received	
Abnormal Findings/Comments			
Restrictions			

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except, (if none, state none). _____

Signature of Physician: _____

Address: _____ Telephone: _____