

Calvary University Athletic Physical and Release Form

This form is to be completed prior to the first practice session. It contains vital information in case of injury. This form should accompany this athlete to all practices and contests! It also should be put in the school's central file during the off-season.

Section 1: ATHLETE'S APPLICATION AND PERSONAL INFORMATION

Name _____ Male ___ Female ___ Address _____

City/Zip _____ Age _____ Birth Date _____

This application to represent my school in intercollegiate athletics is entirely voluntary on my part and is made with the understanding that I have studied and understood the eligibility standards that I must meet to represent my school and that I have not violated any of them. I have included/attached a list all previous injuries or additional conditions that are known to me, which may affect my performance in so representing my school, and I verify that it is correct and complete.

Signed by Student _____ Date _____

Section 2: PARENT'S PERMISSION AND AUTHORIZATION FOR TREATMENT

I/We hereby give our consent for the above student to represent his/her school in intercollegiate athletics. We also give our consent for him/her to accompany the teams on trips and will not hold the school responsible in case of accident or injury, whether it be en route to or from another school or during practice or an intercollegiate contest. We hereby agree to hold the school employees, agents, representatives, coaches, and volunteers harmless from any and all liability.

If we cannot be reached, and in the event of an emergency, we also give consent for the school to obtain a physician or hospital of its choice if such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of school athletic activities. We further state that we have completed/attached a list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment, and we certify that it is correct and complete.

The Calvary University Athletic Department requires that a student shall not be permitted to practice or compete for the school until it has verification that he/she has basic insurance coverage. Our son/daughter is covered with basic insurance for the current school year with:

Name of insurance company

Policy Number

Signature of Parent or Guardian _____ Date _____

Section 3: EMERGENCY INFORMATION

Athlete's Name _____ Parents Name _____ Parents Phone _____

Doctor's Name _____ Doctor's Address _____ Doctor's Phone _____

Section 4: PHYSICIAN'S EXAMINATION RECORD

Pulse _____ Rhythm _____ Blood Pressure _____ Weight _____ Height _____ Eyes _____ R 20/ _____ L20/ _____

Heart _____ Describe any abnormality _____

Lungs _____ Describe any abnormality _____

Abdomen _____ Describe any abnormality _____

Hernia No ___ Yes ___ Genitalia _____ Reflexes _____

Extremities and back. Please indicate any history of orthopedic defect(s) _____

Tetanus within last 5 years _____

I certify that I have on this date examined the above student and from this limited examination, he/she is approved to participate in supervised athletics. (Physician should sign only if approved)

Date ____/____/____ Signed _____
Physician

Section 5: ADDITIONAL PERTINENT INFORMATION

Parent/Student/Physician: Use the back of this page to describe any previous injuries or additional conditions that may affect this athlete's performance or treatment.