



ST. GREGORY THE GREAT
CATHOLIC SCHOOL

Physicians and Parent Certificate of participation for Athletics

DATE _____

Student's Name: _____ Date of Birth _____

School: St. Gregory The Great Catholic School

PHYSICIAN'S REPORT

Height _____ Weight _____ Body Type _____

Eyes _____ Ears _____ Nose _____ Throat _____ Hearing _____

Heart _____ Blood Pressure _____ Lungs _____

Joint Functions: Shoulders _____ Elbows _____

Hips _____ Knees _____

Dental (Cavities, Bridges, False teeth, Retainer, Appliance) (Circle defect)

Chronic Medical conditions that Coaches need to be aware of _____

Surgeries: _____

Is student taking any medication routinely? Yes _____ No _____ Explain _____

I hereby certify that on this day I have examined the above named student as indicated by items checked and recommended him/her as being physically able to participate in all athletic activities Baseball, Basketball, Cheerleading, Cross Country, Football, Soccer, Softball, Tennis, Volleyball, Track & Field and Golf.

Date: _____ **Signature of examining Physician** _____

*****Do Not Detach*****
I hereby give permission for the above name student to compete in Archdiocesan approved sports and go with the coach or other school representative on any trips. The parent herewith grants permission for school employees to secure medical service for the above named student if necessary. The undersigned agrees to be responsible in the safe return of all athletic equipment issued by the school to the above named student.

Date _____ **Signature of Parent or Guardian** _____

Evidence of Student Insurability:
Health Insurance Company: _____ Policy # _____

Other Insurance Information: _____