

William S. Hart Union High School District

CERTIFICATE OF PHYSICAL EXAMINATION

Name _____ DOB ____ / ____ / ____
 _____ Last _____ First _____
 Height _____ Weight _____ Pulse _____ BP ____ / ____

Please place a "✓" as either Normal or Abnormal for all findings below. Please describe in detail all abnormal findings.

	Normal	Abnormal	Comments
Heart			
Pulses			
Lungs			
Neck			
Back			
Shoulder/Arm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			
Other pertinent medical findings			

Additional comments: _____

List any restrictions and duration: _____

I hereby certify that _____ was examined by me on _____ 200____
 and found to be physically fit to engage in athletics.

Physician's Signature _____ Date _____

Stamp name or attach card of medical office here ▼

William S. Hart Union High School District

Athletic Clearance Form

1. Warning to Student-Athlete and Parents
2. Certificate of Student Insurance
3. Parent Consent and Co-Curricular Agreement

Active Sport(s):

Fall _____
Winter _____
Spring _____

You must complete all sections of this form before your daughter/son can participate in Interscholastic athletic practices and contests

Please print all information

Name _____ ID# _____ Grade 9 10 11 12
Last First
Address _____ City _____ Zip _____
Birth Date _____ Phone # _____
State _____
School Attended Last Year _____ Sex M F
Name of Doctor _____ Doctor Phone() _____ FAX() _____
Address _____ City _____ Zip _____

1. Warning to Student-Athlete and Parents :

By nature, competitive athletics may put students in a situation where **SERIOUS, CATASTROPHIC**, and perhaps, **FATAL ACCIDENTS** may occur. By granting permission for your student-athlete to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

Student-Athlete's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

2. Certificate of Student Insurance :

It is the responsibility of the parent/guardian to secure insurance coverage prior to participation in athletics. Sections 32220-32224 of the Education Code requires that each member of an athletic team have insurance. I certify that my student is covered by insurance as required and further, said coverage will be in force for the entire current school year. I understand that the school district has made available an accident insurance program in which my child may enroll and that the program is optional.

Name of Insurance Company _____ Policy # _____

Myers-Stevens Insurance (optional) Date mailed : _____

3. Parental Consent and Co-Curricular Agreement :

I hereby give consent for my student to participate in Interscholastic Athletics in the Wm. S. Hart Union High School District. In case of injury to my daughter/son, you are authorized to have her/him treated. I further understand that in case of injury, the school staff and Associated Student Body is relieved of all liability from medical or hospital bills sustained in participation in interscholastic athletic competition. I hereby give my consent for my daughter/son to compete in sports and go with a representative of the school on any trip(s). I have also read the co-curricular policy regarding requirements for participation in school activities and agree to abide by the rules and regulations. (See "Notice of Rights, Regulations and Responsibilities")

Student-Athlete's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____