

Each student in Grades 5-8 must have this form on file with the school office before participating on any athletic team. Students may not practice or play in a game until this form is on file. A new form must be submitted each academic year. This form must be completed and signed by the parents *and* the physician before a student may participate in any sport.

## Memphis Catholic Football Sports Participant Medical Form

### I. Physician's Certificate

I hereby certify that (athlete's name) \_\_\_\_\_ has been examined by me and found physically fit to engage in all church/school sports programs.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's Name \_\_\_\_\_

### II. General Information

Athlete's Name \_\_\_\_\_ SSN \_\_\_\_\_ Sex: F\_\_M  
\_\_ Grade \_\_\_\_ Church/School \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_

Mother's Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Work Numbers: Mother \_\_\_\_\_ Father \_\_\_\_\_

Another contact, in case of an Emergency \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Allergies/ Other Medical Concerns \_\_\_\_\_  
\_\_\_\_\_

Doctor Preferred \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

### III. Parental Consent Statement

By signing this form, I (parent name) \_\_\_\_\_ certify that I request and give my permission for (student name) \_\_\_\_\_ to participate in all church/ school sports programs. I release Memphis Catholic Football, the PAA, the sponsoring church/ school and its pastor, principal, and coaches as well as the Catholic Diocese of Memphis and its representatives from any and all liability. I authorize and request that emergency care be given the above-named student when it is deemed necessary.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_