

Denver Public Schools
PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION
 SCHOOL YEAR _____

I hereby certify that I have examined _____ and that the student is found physically fit to engage in middle school baseball, basketball, cross country, flag football, contact football, soccer, softball and/or volleyball. (Please cross out any sport in which the student cannot participate).

Student's birth date _____ Date of Exam _____
 (Valid for one year from date)

Signed _____ Telephone Number _____
 DOCTOR'S SIGNATURE DATE

**PARENTS PERMISSION FOR ATHLETIC PARTICIPATION IN DENVER PUBLIC
 MIDDLE SCHOOL SPORTS PROGRAM**

NAME _____, GRADE _____, has my permission to participate on the following team(s):

- | | | |
|--|---|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Contact Football | <input type="checkbox"/> Ultimate Frisbee |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Softball | |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Volleyball | |

at _____ School.

RULES AND REGULATIONS

1. Students must be academically eligible during each week of the season in order to play that week.
2. Transportation will be provided ONLY to and from all games. Parents will have to provide transportation home after games and practices from the home school.
3. Insurance coverage must be provided by the parents.
4. The student will be responsible for lost or damaged uniforms. Parents will be responsible for the cost of replacement.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps, FATAL ACCIDENTS may occur.

I have read the above information with my child and understand that all rules and regulations must be complied with in order to participate in any sports activity.

 PARENT/GUARDIAN

 DATE

 STUDENT

 DATE

EMERGENCY CARD ATHLETIC PARTICIPATION

STUDENT NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

PARENT/GUARDIAN _____

CELL PHONE _____ PAGER _____

INSURED BY _____ POLICY # _____

If parents cannot be reached, please call:

1. _____
NAME RELATIONSHIP PHONE

2. _____
NAME RELATIONSHIP PHONE

3. _____
NAME RELATIONSHIP PHONE

NAME OF DOCTOR _____

DOCTOR'S PHONE NUMBER _____

IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, THE COACH WILL USE HIS/HER BEST JUDGMENT TO PROTECT AND ASSIST INJURED PLAYERS IN ACCORDANCE WITH DENVER PUBLIC SCHOOLS POLICY.