

**FORM #3**

**2008-2009 PHYSICIAN/ PARENT PERMIT FOR  
ATHLETIC PARTICIPATION**

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in interscholastic basketball, cross country, track/field, dance, diving, field hockey, golf, girls' lacrosse, soccer, softball, swimming, tennis, swimming and/or volleyball. (Please cross out any sport in which the student should not participate.)

**Student's birth date** \_\_\_\_\_

**Physician Signature (PA, NP, MD)** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Valid for 365 days unless rescinded)

**PARENT OR GUARDIAN PERMIT**

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR OWN EQUIPMENT DAILY. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. By signing this Permission Form we acknowledge that we have read and understand this warning.

I hereby give my consent for \_\_\_\_\_ to compete in athletics for St. Mary's Academy, except in those sports crossed out: basketball, cross country, dance, diving, field hockey, girls' lacrosse, golf, soccer, softball, swimming, tennis, volleyball, golf

**Date** \_\_\_\_\_ **Parent's/ Guardian's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Student's Signature** \_\_\_\_\_

SUMMARY INFORMATION FOR PHYSICIANS: No pupil shall represent her/his school in interschool athletics until there is on file with the superintendent or principal a statement signed by the parent/guardian and a practicing physician, P.A. or N.P. certifying that the student has passed an adequate physical exam with the past year; that, in the opinion of the examining physician, P.A. or N.P. she/he is physically fit to participate in school athletics, and that she/he has the consent of her/his parent/guardian to participate.

**NOTE:** It is strongly recommended by the Colo. Dept. of Health that individuals participating in athletics events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than 5 years have elapsed since the last booster. If significant intervening illnesses and/or injuries have occurred, a more complete physical exam should be conducted and the physical exam form signed by a practicing physician. If a student has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until she/he has received a release from a practicing physician. **NOTE: The CHSAA encourages a physical exam be given when a student changes levels of competition, i.e., Little League to MS, MS to HS, etc.**

Return to: St. Mary's Academy, Athletic Dept  
4545 S. University Blvd Englewood, CO 80113  
303-762-8300/310 303-783-6201 FAX