

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the certified athletic trainer, licensed health-care practitioner and/or hospital to secure proper treatment or care, including ambulance transportation, hospitalization, anesthesia, surgery, or injections of medication for my child in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by Alpine School District. It is hereby understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year. It is further understood that any expenses incurred will be paid for by insurance or the parent of the student. Payment of the expense is not a school responsibility.

I/We hereby give my/our consent for the above named student to compete in the Alpine School District approved sports below:

Baseball Cross Country Football Soccer Swimming Track/Field Wrestling
 Basketball Drill Team Golf Softball Tennis Volleyball Other _____

I/We acknowledge that he/she will engage in all activities related to the team including trying out, practicing, playing and travel. I/We realize that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/We acknowledge that I/we have read and understand this warning.

I/We hereby agree to exonerate and hold harmless the Alpine School District, its agents, servants, and employees, including coaches, athletic trainers, and all practitioners of the healing arts treating my son/daughter, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my son's/daughter's participation in any activities related to the sports indicated above. **I/We agree that on days of athletic events or competitions, my child has my/our permission to leave school to participate in the event unless I inform the coaches or administration of Timberline Middle School to the contrary.**

Signature of parent/guardian: _____ Date: _____

Signature of student: _____ Date: _____

THE REST OF THIS FORM MUST BE FILLED OUT BY a Physician IF YOU HAVE NOT PARTICIPATED IN TRACK @ TIMBERLINE MIDDLE SCHOOL BEFORE AND/OR IF WE DON'T HAVE A PHYSICAL ON FILE FOR YOU! A SIMILAR FORM (Scout or Sports Physical) will be accepted in its place.

FOR PHYSICIAN'S OFFICE USE ONLY

Doctor's Office Address Information Phone: () - _____	VITAL STATISTICS
Height: _____ Pulse Rate: _____ Vision: Left: ____/20 Right: ____/20 Weight: _____ Blood Pressure: ____/____ Corrected: [] Yes [] No % Body Fat (Opt): _____ Pupils: [] Equal [] Unequal	

NORMAL	ABNORMAL FINDINGS	INITIALS*
GENERAL MEDICAL		
[] Appearance	_____	_____
[] Eyes/Ears/Nose/Throat	_____	_____
[] Lymph Nodes	_____	_____
[] Heart	_____	_____
[] Pulses	_____	_____
[] Lungs	_____	_____
[] Abdomen	_____	_____
[] Genitalia (males only)	_____	_____
[] Skin	_____	_____
MUSCULOSKELETAL		
[] Neck	_____	_____
[] Back	_____	_____
[] Shoulder/arm	_____	_____
[] Elbow/forearm	_____	_____
[] Wrist/hand	_____	_____
[] Hip/Thigh	_____	_____
[] Knee	_____	_____
[] Leg/Ankle	_____	_____
[] Foot	_____	_____

*Station-based examination only

CLEARANCE	PHYSICIAN'S COMMENTS
[] Cleared	_____
[] Cleared with conditions (see comments)	_____
[] Not cleared (see comments)	_____

Signature of physician: _____ Date: _____