

Parental Certification of Physical Fitness for Student's Participation in Athletics/Activities

To Be Completed By the Parent/Guardian as Permission for Participation in: _____
(sport)

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Sex: M F

I am the parent/guardian of the above student. I certify that my child/ward is in good physical health and is capable of participation in interscholastic sports and/or activities. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation. I will notify you of any changes in his/her physical condition. I understand that my child may participate in the sport named above only if this form and a Certificate of Physical Fitness for Participation in Athletics/Activities, signed by a physician for the current school year, are on file. A separate parental certificate must be completed for each sport in which my child participates.

Parent/Guardian (please print): _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Is the student currently taking any medication? Yes No

If Yes, please provide name of medication, frequency, dosage and reason for taking:

Has the student's physical activity been restricted during the past year? Include reason and duration.

I am the parent(s)/guardian(s) of the above named student. I have read the above Agreement to Participate and understand its terms. I understand that all sports can involve many **RISKS OF INJURY**. In consideration of the School District permitting my child/ward to participate in interscholastic sports and/or activities, I agree to hold the Lemont-Bromberek Combined School District 113A, its employees, agents, coaches, School Board members and volunteers harmless from any and all liability, actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in any interscholastic sport or activity. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the interscholastic sport/activity program.

Signature of Parent/Guardian

Date