

ROWLAND HIGH SCHOOL ATHLETIC CLEARANCE FORM

All lines must be filled out completely. PLEASE RETURN THIS FORM TO YOUR COACH

STUDENTS LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE (____) _____ DATE OF BIRTH _____ AGE _____ GRADE _____

SPORT(S) _____ STUDENT # _____

I hereby give permission for my son/ daughter to participate in athletic activities.

PARENT SIGNATURE _____

DATE _____

PHYSICAL EXAMINATION — INSURANCE

I find this boy/ girl physically able to participate in athletics.

DOCTOR'S SIGNATURE _____

DATE OF PHYSICAL _____

DOCTOR'S STAMP



State law and C.I.F. by-laws require that, in order to be eligible to participate in any athletic activity, the student must be insured as per the following guidelines:

1. At least \$1,500 insurance protection for medical and hospital expenses in case of accident or injury.
2. The principal and ASB director be notified immediately in case of cancellation. NAME OF COMPANY _____ POLICY # _____

I certify that my son/ daughter is covered by valid insurance that meets or exceeds the above requirements to compete In sports/ activities. I will maintain this coverage during the current school year or will immediately notify the school if the coverage is terminated.

PARENT SIGNATURE _____ DATE _____

ATHLETIC DEPARTMENT EMERGENCY CARD

FATHER _____ DAYTIME PHONE # _____

CELL PHONE # _____ EVENING PHONE # _____

MOTHER _____ DAYTIME PHONE # _____

CELL PHONE # _____ EVENING PHONE # _____

DOCTOR _____ PHONE # _____

PARENT SIGNATURE

Director's signature

Date

In event that my son/ daughter requires emergency attention, I hereby authorize the supervising school official or the doctor in attendance to obtain or render any necessary aid. Yes _____ No _____

