



**PROSPECT RIDGE ACADEMY
MIDDLE SCHOOL
PHYSICIAN'S SPORTS AND
ACTIVITIES RELEASE**

I hereby certify that I have examined _____, and that the student is found physically fit to engage in middle school sports (basketball, cheerleading, cross country, golf, soccer and/or volleyball) and activities.

CLEARED WITHOUT RESTRICTIONS

CLEARED WITH RESTRICTIONS: Please List:

Student's Name: _____

Student's Birth Date: _____

Date of Exam: _____

VALID FOR 365 DAYS FROM DATE

Physician's Signature: _____

Date: _____

Physician's Address: _____

Physician's Telephone Number: _____