

TROY SCHOOL DISTRICT – INTERSCHOLASTIC ATHLETICS
PHYSICAL EXAMINATION, PARENT CONSENT AND STUDENT APPLICATION FORM

STUDENT NAME _____ GRADE _____ AGE _____ DATE OF BIRTH _____ STUDENT NO _____
LAST FIRST MONTH/DAY/YEAR

ADDRESS _____ PHONE(home) _____ PHONE (work) _____
NUMBER STREET ZIP CODE

DATE _____ 20 _____ SCHOOL _____ PARENT/GUARDIAN NAME _____

PHYSICAL EXAMINATION – The examination must occur after April 15 to be valid for the following school year. This section is to be completed, signed, and stamped by the examining physician.

1. Heart condition (circle one): Satisfactory Unsatisfactory 2. Lungs(circle one): Satisfactory Unsatisfactory

3. Is there evidence of hernia? _____ Restrictions _____

4. Is the general condition of feet, ears, eyes, and nose satisfactory? _____

5. Is the general condition of mouth and throat satisfactory: _____

Is there a bridge or false teeth? _____

6. Drug allergies? _____ 7. Blood pressure _____ / _____

I certify that I have on this date examined the above student and recommended him/her as being physically able to compete in interscholastic athletic activities except for the following restrictions: _____

SIGNATURE OF EXAMINING PHYSICIAN _____

DATE OF EXAMINATION _____ PHYSICIANS PHONE _____

PHYSICIANS STAMP

STUDENT NAME _____ SCHOOL _____ GRADE _____
LAST FIRST

PARENT/GUARDIAN CONSENT TO PARTICIPATE

I hereby give my consent for the above named student to engage in interscholastic athletics at the above school during the current school year and to accompany the team as a member on all athletic trips.

We carry personal accident or health insurance. Yes _____ NO _____

If answer is yes, does your insurance coverage pay medical injury expense benefits up to \$25,000.00? If not or if answer is no, you are encouraged to purchase additional insurance for your student athlete. Forms are available in your school office.

Your student athlete has catastrophic insurance coverage provided by the Michigan High School Athletic Association (MHSAA) for up to \$75,000.00 for excess accident medical expenses after the first \$25,000.00 of expense. However, medical expense benefits do not begin until the \$25,000.00 deductible has been paid within one year of date of injury.

NAME OF INSURANCE COMPANY _____

I have read and am aware of the contents of the **Student Rights and Responsibilities, Code of Conduct, Code of Conduct for Student Athletes** and written **Supplemental Rules and Regulations** to be distributed by each individual team coach. I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

DATE _____ SIGNATURE OF PARENT OR GUARDIAN _____

STUDENT APPLICATION TO PARTICIPATE

This application to participate in athletics at the above named school is voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Michigan High School Athletic Association. I have read the **Student Rights and Responsibilities Code of Conduct** and **Code of Conduct For Student Athletes** and am fully aware of my Rights and Responsibilities stated in both codes. In addition, I agree to abide by the written team rules and regulations to be distributed by each individual team coach.

I fully understand and appreciate the risk of serious personal injuries associated with my participation in interscholastic athletics.

DATE _____ Signature of Student _____

SPORTS LIKELY TO PARTICIPATE IN : _____