

Escalante Middle School

Colorado High School Activities Association
Statement by Physician and Parent
for Athletic Participation, 7th & 8th Grade

I hereby certify that I have examined _____ and that he/she was found physically fit to engage in middle school basketball, football, track, volleyball, and wrestling.

(Please cross out any sport in which the boy/girl should not participate.)

Date _____ Signed _____
Physician

PARENT OR GUARDIAN PERMIT

I hereby give my consent for _____ to compete in athletics for Escalante Middle School in the Colorado High School Activities Association approved sports except those crossed out below.

Basketball, track, volleyball, football, and wrestling.

Date _____ Signed _____
Parent or Guardian

Participant's Name _____
(last) (first) (middle)

Date of Birth _____ Home phone # _____

Home Address _____
(street) (city) (state) (zip)

INSURANCE COVERAGE

I understand my boy-girl cannot participate in athletics unless he/she is covered by the School Accident Coverage Plan or the equivalent in a family insurance policy.

Check one:

_____ We need school insurance for our son/daughter.

_____ We have adequate accident and medical insurance to cover any injury that may occur and accept full responsibility for any injury which he/she may incur while taking part in the interscholastic athletic program. Please waive this requirement and permit him-her to take part in athletics.

Date _____
Signature of Parent or Guardian