

PRICE LABORATORY SCHOOL

GRADE: _____

DIRECTIONS ON REVERSE SIDE

ATHLETIC INFORMATION

This Section to be Completed by Parents/Guardians of Middle School and High School Students Only!!!!

Name _____ Date of Birth _____ Place of Birth _____
 Last First MI County State
 Parents' and/or Guardians Addresses (List both if separate)
 Parent(s) _____ Home Phone _____ Work Phone _____
 Parent(s) _____ Home Phone _____ Work Phone _____

PARENT OR GUARDIAN PERMIT

PLEASE NOTE: Numbers 1, 2, 3, & 4 **MUST** be completed in full, or your student **WILL NOT** be permitted to participate in athletics.

1. *I hereby give my consent for the above-named student to participate in athletics understanding that there is a potential risk for serious injury by participation in athletics.
 All sports for **GIRLS** except _____ All sports for **BOYS** except _____
 The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above-named student.
 Date: _____ Signature of Parent/Guardian _____*

2. **Insurance Coverage: ACCIDENT INSURANCE IF REQUIRED.** My son/daughter is covered by school insurance: _____
Yes No
Please note: If you are purchasing school insurance, you will be required to purchase additional school insurance for football, grades 9-12.
 Date: _____ Signature of Parent/Guardian: _____

3. *We DO NOT wish to purchase school insurance. We have our own coverage and we release the school from all financial liability resulting from accidental injury while participating in interscholastic athletics.*
 Date: _____ Signature of Parent/Guardian: _____

4. *If unable to reach parents, call the following (list two person):*
 Name: _____ Home Phone: _____ Work Phone: _____
 Name: _____ Home Phone: _____ Work Phone: _____

Physical Exam//This Section to be Completed by a Physician//Physical Exam

Name _____	Phone _____	Date _____
History of serious illness: _____	X = normal –describe impairment	
Injuries and Surgery: _____	Eyes _____	Ears _____
Allergies _____	Nose _____	Throat _____
	Lungs _____	Heart _____
	Abdomen _____	
	Hernia _____	
	Genitalia _____	
	Orthopedic _____	
	Scoliosis – yes _____ No _____	
	Neurological _____	
	Urinalysis _____	
	Hgb _____	
	Blood Pressure _____ Height _____ Weight _____	
	Heart Rate: Before Exercise: _____ After Exercise: _____	
	General Physical Condition: Excellent _____ Good _____	
	Fair _____ Below Average _____	

Location immunizations received? _____

Did you recommend a referral; (ENT, Eye, Orthopedic, etc)? Yes _____ No _____ If yes, what kind _____
 Physician's recommendations: _____

I hereby certify that _____ was examined by me and found physically fit to engage in all physical education classes, extramural and school athletics.

RESTRICTIONS: _____ if restrictions, why? _____

Duration _____ What activities may he or she not enter? _____

Physician's Signature _____ **Office Phone** _____ **Date** _____

PRICE LAB SCHOOL PHYSICAL

Physicals are required of -

- 1) Students entering Pre-K classes (or an original or copy of one done within one calendar year of the first day of Pre-K).
- 2) Students entering kindergarten (or an original or copy of one done within one calendar year of the first day of kindergarten).
- 3) Students entering grade 7 (or an original or copy of one done within one calendar year of the first day of grade 7).
- 4) Students transferring into Price Lab School. A copy of a physical done upon their entry into preschool, kindergarten or grade 7 (whichever is applicable) will be accepted.
- 5) All students participating in athletics. Yearly* physicals are required for participants in all athletic programs, including cheerleading. **

***EACH ACADEMIC YEAR ATHLETIC PARTICIPATION REQUIRES A NEW PHYSICAL - DATED AFTER MAY 30 OF THE COMING SCHOOL YEAR.**

**If you are participating in any athletic program you MUST:

- 1) Have the physician fill out the physical exam and sign the physician's report (on the reverse side of this form).
- 2) Have a parent/guardian fill out and sign the **INSURANCE COVERAGE AND ATHLETIC INFORMATION** (on the reverse side of this form).
- 3) Have the following forms from on-line registration completed and electronically signed: Student Handbook and the Insurance or Insurance Liability Waiver,

IMPORTANT: All students athletes will be required to have these completed before being allowed to practice. If a physical must be delayed until September, the previous year's physical will be accepted until then.