

SANTA ROSA CITY SCHOOLS INTERSCHOLASTIC SPORTS PARTICIPATION

(This section to be completed by student)

Name of Student: _____ ID#: _____ School: **Piner High School**

Date of Birth: _____ Place of Birth: _____

This application to compete in interscholastic athletics for the above high school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

Date: _____ Signature of Student: _____

Parent(s) or Guardian(s) Permission

(This section to be completed by the parent(s) or guardian(s))

I hereby give my consent for the above-named student: 1) to represent this school in athletic activities checked on this form by the examining physician, provided that such athletic activities are approved by the State Association; 2) to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel.

Signature of Parent/Guardian: _____

Date: _____ Address: _____

Pre-Season Health Examination Form

(This section to be completed by Physician)

Grade: _____ Age: _____ Height: _____ Weight: _____ Blood Pressure: _____

Significant past or present illness, injury or allergies:

LABORATORY: Urine: _____ Sugar: _____ Protein: _____ Hct(girls only): _____

<i>SYSTEM</i>	<i>NORMAL</i>	<i>ABNORMAL</i>	<i>REMARKS</i>
EENT			
Vision			
Hearing			
Neck			
Lungs			
Heart			
Abdomen			
Neuro-Muscular			
Hernia			
Genitalia			

On the basis of this examination: (select either response)

1) I certify this student physically qualified for all sports: _____

2) I certify this student physically qualifies for all sports EXCEPT the following: (check all that apply)

Baseball	Basketball	Football	Cross Country
Gymnastics	Volleyball	Track	Golf
Tennis	Wrestling	Swimming	Other (Specify)

Date: _____ Signed _____ MD.

Telephone: _____ Address: _____