

**SACRED HEART ACADEMY
MEDICAL RELEASE FORM**

Date _____

Dear Parents,

In order to facilitate a safe and speedy beginning to our Fall Season, the Athletic Department requests that you fill out the form below. **THURSDAY, AUGUST 20, AND FRIDAY, AUGUST 21, ANY STUDENT PLANNING ON TRYING OUT FOR A FALL SPORT MUST APPEAR IN THE THEATRE FOR CLEARANCE BETWEEN 8AM-12NOON. The original Physical dated after June 1, 2009 must be submitted at this time.**

Athlete's Name: _____

Sport (s): _____

Medical Exam: My daughter was examined by our family doctor on _____
Date

Doctor's Name: _____

PLEASE HAVE THE ENCLOSED MEDICAL REPORT SIGNED BY YOUR PHYSICIAN

Insurance: My daughter is covered by school insurance: Allen J. Flood Cos.
Student Accident Policy (#NKB001903)
Catastrophe Student Accident Policy (#NKC001215)

My daughter is covered by family insurance _____
Insurance Company and policy number

Thank you for your cooperation.

Sincerely,

Mr. Michael Goetz
Athletic Director

MG

ATHLETIC RELEASE:

I am fully aware of my daughter's participation in the above athletic program. I assume full responsibility for her participation in this sport. I will not hold Sacred Heart Academy responsible and agree that the above information is true.

Daughter's Name

Parent's Signature & Date