

**PHYSICAL EXAM CARD**

Athlete's Name (Last, First, MI): \_\_\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_ Sex: \_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_

PHYSICAL EXAM – I find the above named physically fit to participate in athletics.  
Restrictions (as to sports or length of time, if any): \_\_\_\_\_  
Date of Exam: \_\_\_\_\_ Doctor's Address: \_\_\_\_\_  
Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Athlete**

1. I have received and read the Pulaski Community Schools Athletic Code, and I agree to abide by its principles.
2. I have read and understand the Notice and Consent Statement, found on the reverse side of this form.

Athlete's Signature/Date: \_\_\_\_\_

**Parents**

1. I have received and read the Pulaski Community Schools Athletic Code and I agree to assist in the enforcement of its principles.
2. I will assume all responsibility for equipment issued to my son/daughter, which will be returned after the completion of the sports season, or I will reimburse the school for replacement costs.
3. I fully realize that the school does not provide any insurance coverage.
4. I give my permission for the Bellin Sports Medicine physicians, therapists, and athletic trainers to discuss the medical condition of my son/daughter with the coaches and/or administrators at PHS/PCMS.
5. I have read the Notice and Consent Statement, which is printed on the reverse side of this form; I am aware of the risks involved in extra-curricular participation, and I give my consent for my son/daughter to participate in extra-curricular activities sponsored by the school.

Parent's Signature/Date: \_\_\_\_\_

**STATEMENT OF INSURANCE**

I, the undersigned, feel that we have adequate insurance protection for our son/daughter while practicing or participating in interscholastic sports. I do not wish to have my son/daughter enrolled in the athletic insurance plan offered by Student Assurance Services.

Name of Insurance Company providing Coverage/Policy #: \_\_\_\_\_

Parent/Guardian's Signature/Date: \_\_\_\_\_

**NOTICE AND CONSENT STATEMENT**

\*\*\*Both the student and parent or guardian must read carefully.\*\*\*

We understand that participation in school sponsored extra-curricular activities is a privilege and that all such participation is voluntary. We are aware that playing or practicing to play/participate in any extra-curricular activity can be dangerous, involving MANY RISKS OF INJURY. We understand that some risk is assumed by the participant as a matter of participating.

Because of the dangers of participating in such activities, I/we recognize the importance of following the coach's/advisor's instructions regarding playing techniques, training, and other rules, etc., and agree to obey such instructions.