



Jr. Cougar

ATHLETIC CLEARANCE FORM 2011-12

PHYSICIAN=S CERTIFICATION*

I hereby certify that:

_____ (Last Name) _____ (First Name)
was examined by me on _____, and was found physically fit to engage in tackle
football/basketball/soccer and cheerleading

COMMENTS:

(Physician=s Signature) _____ (Date) _____

**This is an annual physical exam, or a statement by a medical practitioner,
certifying that the student is physically fit to participate in athletics.*

PARENTAL PERMISSION

I hereby give my consent for _____ (Last Name) _____ (First Name)
to compete in Jr. Cougar athletics. I give my consent for him/her to go with a school representative to and from practice
and to participate in team activities

(Parent/Guardian Signature) (Date)

VERIFICATION OF INSURANCE

The school makes every effort to protect all students but does not assume any liability for injury. This is to certify that my
son/daughter _____

_____ (Last Name) _____ (First Name)
is protected under the terms of an insurance policy which provides medical expense coverage for accidental injury. This
coverage will be in effect from this signature date and maintained by me during all periods of participation in school
athletics.

(Name of Insurance Company) (Type of Coverage)

(Parent/Guardian Signature) (Date)