

# St. Alphonsus Athletic Association

<http://stalsaa.org>



## PHYSICIAN RELEASE FORM

Dear Parents,

Please be advised that every child who registers for an activity is required to have a Physician Release Form signed by a doctor **BEFORE PARTICIPATING IN ANY PRACTICES, LEAGUE GAMES, OR TOURNAMENT GAMES**. Any child not having a completed Physician Release will not be allowed to participate until such a release is obtained.

We suggest an annual physical; however, we realize some physicians only require a child to have a complete physical every two years. We abide by the judgment of your physician. He/she should assess your child's health in relation to safely participating in **BASKETBALL, CHEERLEADING, CROSS COUNTRY, SOCCER, TRACK AND FIELD, OR A VOLLEYBALL** program. If there are no restrictions or limitations, please have your physician complete and sign the Physician Release Form below. A new Physician Release Form is required for every new school year. If your child participates in multiple activities, the same completed form will be used for the whole sports program participation for that school year. It is recommended that you keep a copy of the completed form on file.

***Please return the completed form to the school office prior to the first tryout date or bring to tryouts / official start date of sport.***

Thank you for your cooperation,  
**St. Alphonsus Athletic Association**

*Parents, please check all sports that will apply for the school year:*

Volleyball	Basketball
Cheerleading	Track and Field
Cross – Country	Soccer

**PLEASE RETURN THIS SIGNED FORM TO THE SCHOOL OFFICE PRIOR TO THE FIRST TRYOUT DATE OR BRING TO TRYOUTS / OFFICIAL START DATE OF PRACTICE.**

**ST. ALPHONSUS SCHOOL Athletics**

BIRTH DATE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

### PHYSICIAN RELEASE:

I have read the above in relation to \_\_\_\_\_ who has been examined by me  
(name of student)  
on \_\_\_\_\_ and my examination has found no medical reason to preclude his/her  
(date)  
participation in the above named competitive sports for the school year \_\_\_\_\_.

\_\_\_\_\_  
(Physician Signature and Date)

\_\_\_\_\_  
(Please Print Physician Name/Group)