

ST. HUGO OF THE HILLS SCHOOL
INTERSCHOLASTIC ATHLETICS
Physical Exam, Parent and Student Approval

THIS FORM MUST BE COMPLETED BEFORE ANY STUDENTS WILL BE ALLOWED TO PARTICIPATE IN ANY TRYOUTS OR PRACTICES. NO EXCEPTIONS.

Student Name _____ Sex: **M** **F** Date of Birth: _____
2006/2007 Grade _____ School _____
Sport(s): _____
Address _____
Phone (Home) _____ (Work) _____
Parent/Guardian Name _____
In case of emergency contact: _____

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SECTION I – PHYSICAL EXAM – The examination must occur after May 15 to be valid for the succeeding school year. This section is to be completed and signed by a physician.

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|-----|---|--------------|----------------|
| 1. | Heart Condition (Circle One) | Satisfactory | Unsatisfactory |
| 2. | Lungs | Satisfactory | Unsatisfactory |
| 3. | Is there evidence of hernia? | Yes | No |
| 4. | Is the condition of the eyes, ears and nose satisfactory? | Yes | No |
| 5. | Are the pupils equal in size? | Yes | No |
| 6. | If no, which is larger? | Right | Left |
| 7. | Are there glasses or contacts? | Glasses | Contacts |
| 8. | Are there any dental appliances? | Yes | No |
| 9. | Are there any allergies? | Yes | No |
| 10. | Blood Pressure: _____ | | |

I CERTIFY THAT I HAVE ON THIS DATE EXAMINED THE ABOVE STUDENT AND RECOMMEND HIM/HER AS BEING PHYSICALLY ABLE TO COMPETE IN INTERSCHOLASTIC ATHLETICS, EXCEPT AS NOTED: _____

Signature of Examining Physician: _____

Physician's Name (Printed): _____ Dated: _____

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SECTION II- PARENT/GUARDIAN APPROVAL – To be completed by parent/guardian. I hereby consent for the above named student to engage in interscholastic athletics as a member of a St. Hugo team during the current school year and, as a member, to accompany the team on all athletic trips. The schools are not liable for injuries incurred while the student is participating in the athletic program or the cost of medical care resulting from these injuries. I give my permission for the above named student to receive immediate medical attention by a physician during athletic competition. We carry personal accident or health insurance: **YES** **NO**
Name of Company _____

My consent for the above named student to engage in interscholastic athletics is given with my complete understanding of the risk of serious personal injuries associated with participation therein.

Signature of Parent/Guardian: _____

Parent/Guardian Name (Printed): _____ Date: _____

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SECTION III – STUDENT APPLICATION – to be completed by the student athlete and parent/guardian.

This application to participate in interscholastic athletics at St. Hugo is totally voluntary on my part. I agree to be responsible for and will return or pay the replacement cost for all equipment and uniforms I am issued while a member of any St. Hugo team. I also fully understand and appreciate the risk of serious personal injuries associated with my participation in interscholastic athletics. I realize that it is an honor and privilege to be able to represent St. Hugo School.

I acknowledge that I am a student first and school work will always come before athletics. My participation on the team is conditional upon my achieving sufficient academic standards.

As a St. Hugo athlete, I will always show good sportsmanship and play with class, regardless of an official's call or the outcome of the game. I will be expected to abide by the following rules and any additional rules conveyed to me by the administration, athletic director or coaching staff. Failure to do so will result in suspension from the team.

1. Foul language is forbidden in practices, games and the locker room.
2. Athletes are not allowed in the locker room unless the coach allows you in.
3. Vandalism of any kind will not be tolerated. If any vandalism occurs when your team has used the locker room, your entire team will be suspended from all practices and games for one week. The game will be forfeited to the other school.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____