

# Challenge to Excellence Charter School

## INTERSCHOLASTIC PARTICIPATION FORM

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DAYTIME PHONE/WORK #: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PARENT'S PREFERRED HOSPITAL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined \_\_\_\_\_ and that the student was found Physically fit to engage in school basketball, cheerleading, cross country, gymnastics, soccer, wrestling, or volleyball, (cross out any sport in which the student should **not** participate in).

STUDENT'S BIRTHDAY: \_\_\_\_\_

Date of Physical: \_\_\_\_\_ Signed: \_\_\_\_\_

(Valid for Current School Year Only)

Please print

Physicians name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_