

WEST DEPTFORD HIGH SCHOOL  
ATHLETIC DEPARTMENT

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Home Address \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician Phone # \_\_\_\_\_

I the parent/guardian of the above student, give my daughter/son permission to participate in the summer recess sports practices at West Deptford High School. I realize that such activities involve the potential for injury, which could have the result of total disability, paralysis, or even death. I am also aware that an athletic trainer will not be present during these practices. I acknowledge that I have read and understand this warning.

I am aware that these summer recess practice sessions are voluntary and in no way mandatory.

Physical examinations that were conducted in the immediate preceding school year are sufficient for 365 days. It is strongly encouraged that students involved in summer recess practices have an updated physical examination conducted by their family physician prior to participation. This would fulfill the required sport physical for the upcoming school year, which must take place through your son/daughter Medical Home and be completed prior to August 1<sup>st</sup>.

In order to participate in a summer recess practice the parent/guardian must complete the following medical update. Please indicate below any medical information that has changed since the last sports physical examination:

1. Hospitalization/operations:
2. Illnesses:
3. Injuries:
4. Care administered by a physician:
5. Medications:

I have read the above statements, and upon signing I give my daughter/son permission to participate in summer recess practices at West Deptford High School.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

(Note to Coaches: All athletes must submit this form to participate in summer recess and each coach should keep these records during the summer.)