

**WILDWOOD CHRISTIAN ACADEMY ATHLETIC CLEARANCE**

THE ATHLETE NAMED BELOW MAY NOT TRYOUT OR PARTICIPATE IN ANY SPORT UNTIL THIS FORM IS COMPLETED IN FULL

SPORT(S) \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

**PHYSICIAN'S STATEMENT:**

DATE OF EXAMINATION \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **BLOOD PRESSURE:** \_\_\_\_\_

**BODY / LIMBS:** INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO  
IF YES, EXPLAIN \_\_\_\_\_

**HEAD / BRAIN:** INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO  
IF YES, EXPLAIN \_\_\_\_\_

**TEETH:** INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO  
IF YES, EXPLAIN \_\_\_\_\_

THIS ATHLETE MAY PARTICIPATE IN SPORTS: YES NO

PHYSICIAN'S SIGNATURE \_\_\_\_\_

\*\*THERE IS AN ELEMENT OF RISK ASSOCIATED WITH ALL ATHLETIC COMPETITIONS. THE SCHOOL CANNOT GUARANTEE THAT STUDENTS WILL NOT BE INJURED DESPITE ITS COMMITMENT TO PROVIDE FOR EVERY PARTICIPANT'S HEALTH AND WELFARE.

**INSURANCE CARRIER:** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**RELEASE OF INFORMATION:** I hereby give permission to release sports information on the above-named student. I have read the WCA Sports Handbook and agree to the provisions contained therein. I hereby give my consent for the above-named student to compete in sports and to go with a school representative on any trips.

Person to notify in case of illness or accident if school is unable to contact parent/guardian:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

In case of emergency, this doctor should be called:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

In case of an emergency, if I cannot be reached, I hereby give my consent to give such attention as may be thought necessary by the physician in charge or any available physician.

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_