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: _____