



Wakefield Country Day School
P.O. Box 739 Flint Hill Virginia 22627
(540) 635-8555 / FAX (540) 636-1501
Athletic Participation Physical Form
2011-2012

Name of Student (please print) _____

Grade: _____ Age: _____ Height: _____ Weight: _____

Blood Pressure: _____ Significant Past Illness or Injury: _____

Eyes: R 20/_____; L 20/_____
Hearing: R_____/15; L_____/15
Respiratory _____
Cardiovascular _____
Spleen _____ Hernia _____ Liver _____
Skin _____ Neurological _____ Genitalia _____
Complete Immunizations: Polio _____ (Date) Tetanus _____ (Date)

I certify that I have, on this date, examined this student and find him/her physically able to complete in supervised sports activities.

Date of Examination: _____ Signed: _____
Examining Physician

Physician's Address: _____

Physician's Telephone #: _____

Student's Medical History

	<u>Yes</u>	<u>No</u>
1. Has had injuries requiring medical attention?	_____	_____
2. Has had illness lasting more than one week?	_____	_____
3. Is under a physician's care now?	_____	_____
4. Takes medication now?	_____	_____
5. Wears glasses/contact lenses?	_____	_____
6. Has had surgery?	_____	_____
7. Has been a patient in a hospital?	_____	_____
8. Is there any reason why this student should not participate in all sports?	_____	_____

Please explain any "yes" answers to above questions:

Parent/Guardian Signature: _____ Date: _____

Parents/Guardians: Please complete and sign all three pages. Students are not eligible to play until all forms are completed, signed and submitted to WCDS.

Acknowledgement of Risk and Insurance Statement

(To be completed and signed by parent/guardian)

The undersigned is the parent or guardian of _____ and is
(please print name)

familiar with his/her wishes to participate in _____
(name of sports)

For Wakefield Country Day School for the 2011-2012 academic year.

I am aware that with participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another, with contact sports carrying a higher risk. The above named student has accident insurance and is insured to our satisfaction.

In addition, I am aware that participation in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved, and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

I also give my consent and approval for the above named student to receive a physical examination by a qualified, registered physician, if offered through the school.

Student's Full Name: _____

Name of Insurance Company: _____

Insurance Company Phone #: _____

Policy/ID #: _____ Group #: _____

Name of Policy Holder: _____

Parent/Guardian Signature: _____ Date: _____