

# ATHLETE PERMISSION FORM

Trimont Christian Academy

Please fill in all sections. This must be completed and returned to the school Athletic Department.

\*\*\*\*\*

## PARENT'S PERMISSION:

My son/daughter \_\_\_\_\_ has my permission to participate  
(student name)

in the Trimont Christian Academy Sports Program this academic year \_\_\_\_\_ / \_\_\_\_\_ .

\*\*\*\*\*

## DOCTOR'S PHYSICAL FORM: To be filled out after a physical examination.

\_\_\_\_\_ is in good physical condition and is eligible to  
(student name)

participate in all contact and competitive sports.

\_\_\_\_\_ Athlete is in good physical condition without restriction.

\_\_\_\_\_ Athlete is in good physical condition with the following restrictions or conditions:

\_\_\_\_\_  
\_\_\_\_\_ .

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Doctor's / Physician's Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

## HEALTH INSURANCE INFORMATION

My son/daughter is covered by the following insurance policy \_\_\_\_\_  
(name of insurance company)  
in case of injury.

Note: Trimont School insurance is secondary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
( Parent / Legal Guardian)

Thank you for your time and cooperation.  
*Athletic Department*