

# ST. ALEXIS ATHLETIC ASSOCIATION

## PHYSICIAN RELEASE FORM

Dear Parents:

Please be advised that every child who registers for an activity is required to have a Physician Release Form signed by a doctor **BEFORE PARTICIPATING IN ANY PRACTICES, LEAGUE GAMES, OR TOURNAMENT GAMES.** Any child not having a completed Physician Release will not be allowed to participate until such a release is obtained.

We suggest an annual physical; however, we realize some physicians only require a child to have a complete physical every two years. We abide by the judgment of your physician. He/she should assess your child's health status in relation to safely participating in a soccer, cheerleading, or basketball program. If there are no restrictions or limitations, please have your physician complete and sign the Physician Release Form below. **A new Physician Release Form is required for every new school year.**

Please return the completed form to your child's coach **PRIOR TO THE FIRST SCHEDULED PRACTICE.**

Thank you for your cooperation,

The Athletic Association

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**PLEASE RETURN THIS SIGNED FORM TO YOUR COACH PRIOR TO THE FIRST SCHEDULED PRACTICE. DO NOT SEND TO THE SCHOOL OFFICE.**

**ST. ALEXIS SCHOOL**

BIRTH DATE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

**PHYSICIAN RELEASE:**

I have read the above in relation to \_\_\_\_\_ who has been  
(Name of student)

examined by me on \_\_\_\_\_ and my examination has found no medical  
(Date)

reason to preclude his or her participation in the above named competitive sports for the

school year \_\_\_\_\_ / \_\_\_\_\_.  
(i.e., 03/04)

\_\_\_\_\_  
(Physician Signature and Date)

\_\_\_\_\_  
(Please Print Physician Name/Group)