

Moore Catholic High School Pre-Participation Medical Form

Student Name: _____ Date: _____

Grade: _____

STATEMENT OF PHYSICIAN FOR ATHLETIC PARTICIPATION:

I hereby certify that I have examined and found: _____

physically fit to engage in weight training and fitness activity under the following

conditions: _____

No restrictions: _____

The following restrictions (please be specific): _____

The above listed athlete may also participate in the following sport(s): _____

Physician's Name: _____ Date: _____

Physician's Signature: _____

Address: _____

Phone Number: _____

STATEMENT OF PARENT FOR ATHLETIC PARTICIPATION:

I hereby give my consent for _____ to participate in

weight and fitness training at Moore Catholic High School under the following

conditions: _____

No restrictions: _____

The following restrictions (please be specific): _____

Parent/Guardian Signature: _____

Date: _____

MEDICAL FORMS ARE GOOD FOR ONE YEAR FROM DATE ADMINISTERED

Moore Catholic High School Emergency Contact Form

Student Name: _____

Address: _____

City / State / Zip: _____

Birth Date: _____

Phone Number: _____

Person to Contact in Case of Emergency:

Name: _____

Relationship: _____

Address: _____

City / State / Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Cell Phone Number: _____