



**Moore Catholic High School
Athletic Participation Form 2018-19**

Student Name: _____ **Grade** _____
(Please print)

Any student who wishes to participate in any of the sports listed below must have this form on file with the MC athletic office for the current school year. *No student will be permitted to **work out or try-out for the sport, including official practices** until this form has been submitted.* Please return this completed form to the Athletic Director or Coach. Thank you in advance for your cooperation.

A. Medical Approval

Student's name _____ is physically fit to participate in the following sports: **(check all that apply)**

Baseball ___ Bowling ___ Basketball ___ Cheerleading ___ Soccer ___ Softball _____

Cross Country ___ Football _____ Indoor track ___ Outdoor Track ___ Volleyball _____

Lacrosse ___ Swimming _____ Golf _____ Weight lifting/conditioning _____

Restrictions: _____

Physician's signature: _____ **Date of exam** _____

Physician's office ID stamp Name _____

Address _____

Phone number# _____

B. Parental Consent

I give my son/daughter permission to participate in the following sports programs:

Baseball _____ Bowling _____ Basketball _____ Cheerleading _____

Cross Country _____ Football _____ Indoor track _____ Outdoor track _____

Soccer _____ Lacrosse _____ Volleyball _____ Swimming _____ Golf _____

Dance team _____ Weight Lifting and conditioning _____

Parent/Guardian Name: _____ **(cell: _____)**
(please print)

Parent signature: _____ **date** _____

Please note that students who are injured while participating in any school sponsored activity are covered primarily by family insurance. The school insurance is to be used as a secondary option only.