



**Moore Catholic High School
Athletic Participation Form 2019-20**

Student Name: _____ **Grade** _____
Address: _____ **Zip** _____

Date of Birth: _____

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.

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.