



## **PHYSICIAN AND PARENTAL PERMISSION FOR MIDDLE SCHOOL ATHLETIC PARTICIPATION**

The Colorado High School Athletics Association (CHSAA) stipulates that students may not practice with a school athletic team unless a current physical (within the past 12 months) is on file with the school office. All seventh and eighth graders (and sixth graders who plan on participating in cross country) who plan on participating in school sports during the academic year should have a physical assessment prior to the sports season.

### **PHYSICIAN'S STATEMENT**

I hereby certify that I have examined \_\_\_\_\_ and that he/she was found to be physically fit to engage in middle school athletics.

Please indicate sport(s) in which student should not participate \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **PARENT/GUARDIAN STATEMENT**

I hereby give my consent for \_\_\_\_\_ to compete in athletics for Shepherd Valley Waldorf School. Please indicate any sport(s) in which the student does not have your permission to participate.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_