

**6TH, 7TH, 8TH GRADE STUDENTS
FAIRVIEW SOUTH ATHLETIC PERMIT
AUGUST, 2017 THROUGH JUNE, 2018**

(Please print in ink)

NAME _____ Grade _____

DATE OF BIRTH (Month, Day, and Year) _____

PARENTS: I give my child (named above) permission to be involved in interscholastic sports. I understand that he/she will be expected to attend all practices and contests as well as follow all rules set by the school and the coaches.

Parent signature _____ Date _____

DOCTOR: I certify that I have examined the above-named child and find him/her physically fit for the following interscholastic sports. (Please put a line through and initial any sport in which this child should NOT participate.)

Soccer Basketball Cheerleading Volleyball Track and Field

If there are any special restrictions or problems, please explain on the back of this sheet.

Doctor's signature _____ Date _____

INSURANCE: My present accident insurance provides adequate coverage for my child.

Parent signature _____

EMERGENCY INFORMATION

Home address _____ Home Phone _____

Business/Cell Phone _____ Doctor's Phone _____