In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the certified athletic trainer, licensed health-care practitioner and/or hospital to secure proper treatment or care, including ambulance transportation, hospitalization, anesthesia, surgery, or injections of medication for my child in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by the above named school. It is hereby understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year. It is further understood that any expenses incurred will be paid for by insurance or the parent of the student. Payment of the expense is not a school responsibility.

I/We hereby give my/our consent for the above named student to compete in the Pleasant Grove High School approved sports below:

_____Baseball _____Cross Country _____Football _____Soccer _____Swimming _____Track/Field _____Wrestling
_____Basketball _____Drill Team _____Golf _____Softball _____Tennis _____Volleyball _____Other_____

I/We acknowledge that he/she will engage in all activities related to the team including trying out, practicing, playing and travel. I/We realize that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death. I/We acknowledge that I/we have read and understand this warning.

I/We hereby agree to exonerate and hold harmless the Alpine School District, its agents, servants, and employees, including coaches, athletic trainers, and all practitioners of the healing arts treating my son/daughter, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my son's/daughter's participation in any activities related to the sports indicated above.

Signature of parent/guardian: _____ Date: _____

Signature of student: _____ Date: _____

FOR PHYSICIAN'S OFFICE USE ONLY

Doctor's Office Address Information

Phone: (____) ____-_____

VITAL STATISTICS

Height: _____ Pulse Rate: _____ Vision: Left: ____/20 Right: ____/20

Weight: _____ Blood Pressure: ____/____ Corrected: [ ] Yes [ ] No

% Body Fat (Opt): _____ Pupils: [ ] Equal [ ] Unequal

NORMAL		ABNORMAL FINDINGS	INITIALS*
	GENERAL MEDICAL		
[ ]	Appearance		
[ ]	Eyes/Ears/Nose/Throat		
[ ]	Lymph Nodes		
[ ]	Heart		
[ ]	Pulses		
[ ]	Lungs		
[ ]	Abdomen		
[ ]	Genitalia (males only)		
[ ]	Skin		
	MUSCULOSKELETAL		
[ ]	Neck		
[ ]	Back		
[ ]	Shoulder/arm		
[ ]	Elbow/forearm		
[ ]	Wrist/hand		
[ ]	Hip/Thigh		
[ ]	Knee		
[ ]	Leg/Ankle		
[ ]	Foot		

*Station-based examination only

CLEARANCE

[ ] Cleared

[ ] Cleared with conditions (see comments)

[ ] Not cleared (see comments)

PHYSICIAN'S COMMENTS

Signature of physician: _____ Date: _____