

SPORTS PERMISSION AND EMERGENCY FORM

LITTLETON SCHOOL DISTRICT

2011-12
School Year

I/We, the parent(s)/guardian(s) of _____ request that Littleton School District allow my child to participate in the after school sports program.

I/We hereby release and save harmless Littleton School District or any and all its employees from any liability for any harm arising to my son/daughter as a result of participating in the after school sports program.

I/We are aware that each participant is to return their uniform in the same condition as they received it at the end of their season. I/We will be held responsible for the cost of replacing the uniform.

Sincerely,

Parent/Guardian Signature

Date

Daytime Telephone

Check Sports for Participation:

Boys: Fall Soccer
Winter Basketball Flag Football
Spring Baseball Track

Girls: Fall Soccer Volleyball
Winter Basketball
Spring Softball Track
All Cheerleading

In case of emergency, please contact: Name _____

Address _____

Phone _____

Emergency Phone _____

Cellular _____

Doctor to Be Called In Case Of an Accident

Name _____

Address _____

Phone _____

CONSENT FOR EMERGENCY CARE

LITTLETON SCHOOL DISTRICT

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Student _____ Grade _____

Be It KNOWN that, I the undersigned parent or guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student, as in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS FURTHER understood that my child has the following medical condition and the school should be aware of in case of an emergency: _____

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that insurance or the parent/guardian of the student would pay any expenses incurred. Payment of the expense is not the school responsibility.

DATED the _____ day of _____, 20_____.

Parent/Guardian Signature

Parent/Guardian Signature

Family Physician: _____

Insurance Carrier: _____

Mandatory

Policy/Group # _____

Home Address: _____

Home Phone: _____

Cellular Phone: _____

Father's Work Phone: _____

Mother's Work Phone: _____

ANNUAL PREPARTICIPATION PHYSICAL

LITTLETON SCHOOL DISTRICT

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***ANNUAL PHYSICAL EXAMINATION: Must be dated after May 1, 2011**

Name: _____	Date: _____
Height: _____	Weight: _____
Pulse: _____	BP: _____
Vision: R 20/ _____ L 20? _____ Glasses/Contacts; YES NO	
Pupils: Equal _____ Unequal _____	

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

***Station-based examination only**

CLEARANCE

<input type="checkbox"/>	Cleared
<input type="checkbox"/>	Cleared after completing evaluation/rehabilitation for: _____ _____
<input type="checkbox"/>	Not Cleared for: _____ Reason: _____
Recommendations: _____ _____	
Name of physician (print/type) _____ Date _____	
Address _____ Phone _____	
Signature of physician _____ MD/DO/NP/PA-C	

PARENT/STUDENT AGREEMENT FORM

LITTLETON SCHOOL DISTRICT

2011-12
School Year

I/We have read the philosophy, role of the athlete, regulations, and Athlete's Code of Conduct regarding Littleton School District's policies and procedures.

I/We agree to abide by these and all policies.

Student Signature

Date_____

Parent Signature

Date_____