Denver Public Schools
PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION

SCHOOL YEAR ________

I hereby certify that I have examined ______________________________ and that the student is found physically fit to engage in middle school baseball, basketball, cross country, flag football, contact football, soccer, softball and/or volleyball. (Please cross out any sport in which the student cannot participate).

Student’s birth date ________________________ Date of Exam ___________________________
(Valid for one year from date)

Signed __________________________________ Telephone Number ______________________
DOCTOR’S SIGNATURE DATE

PARENTS PERMISSION FOR ATHLETIC PARTICIPATION IN DENVER PUBLIC MIDDLE SCHOOL SPORTS PROGRAM

NAME _______________________________, GRADE ______, has my permission to participate on the following team(s):

- Baseball
- Basketball
- Cross Country
- Flag Football
- Contact Football
- Softball
- Soccer
- Volleyball

at _______________________________________________ Middle School.

RULES AND REGULATIONS

1. Students must be academically eligible during each week of the season in order to play that week.

2. Transportation will be provided ONLY to and from all games. Parents will have to provide transportation home after games and practices from the home school. There will be no transportation for contact football.

3. Insurance coverage must be provided by the parents. The Student Accident Plan, which includes medical, dental, and life insurance, is available at parents’ expense from Denver Public Schools. (The form for the Student Accident Plan may be obtained at your child’s school.)

4. The student will be responsible for lost or damaged uniforms. Parents will be responsible for the cost of replacement.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps, FATAL ACCIDENTS may occur.

I have read the above information with my child and understand that all rules and regulations must be complied with in order to participate in any sports activity.

____________________________________________ __________________________________
PARENT/GUARDIAN DATE

________________________________________________ _____________________________
STUDENT DATE
EMERGENCY CARD ATHLETIC PARTICIPATION

STUDENT NAME ______________________________________________________________

ADDRESS ____________________________________________________________________

HOME PHONE __________________________ WORK PHONE ________________________

PARENT/GUARDIAN __________________________________________________________

CELL PHONE ___________________________ PAGER ______________________________

INSURED BY ____________________________ POLICY # ___________________________

If parents cannot be reached, please call:

1. _________________________________________________________________
   
   NAME                                           RELATIONSHIP       PHONE

2. _________________________________________________________________
   
   NAME                                           RELATIONSHIP       PHONE

3. _________________________________________________________________
   
   NAME                                           RELATIONSHIP       PHONE

NAME OF DOCTOR ___________________________________________________________

DOCTOR’S PHONE NUMBER ___________________________________________________

IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, THE COACH WILL USE
HIS/HER BEST JUDGMENT TO PROTECT AND ASSIST INJURED PLAYERS IN
ACCORDANCE WITH DENVER PUBLIC SCHOOLS POLICY.