

**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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Contact Football |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Softball         |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer           |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> 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.