Palmyra-Eagle Middle/High School Athletic Participation Form

ALL BOYS AND GIRLS PARTICIPATING IN ATHLETICS MUST HAVE THIS CARD ON FILE AT THE SCHOOL PRIOR TO PRACTICE

_____	_____	_____
Last Name	First Name	Middle Initial

_____	_____	_____	_____
Place of Birth	Age	Grad Year	Gender

[ ] Check if this is an alternate year card. (Valid physical on file at PEMS/PEHS)

Birthdate: _____/_____/_____ Phone: _____

Address: _____ City/Zip: _____

The School Board of the Palmyra-Eagle Area School District (PEASD) requires that all athletes have insurance coverage prior to any athletic practice or competition. If your son or daughter already has medical insurance coverage, you should state the insurance company and policy number below. If your son/daughter does not have medical insurance coverage, PEASD has insurance available to all participants. (Registration forms are available in the office.)

[ ] I have coverage with _____ Policy # _____

In the event of injury during practice or competition, I grant permission for my son/daughter to be given immediate care.

- I agree that my son/daughter is to be responsible for all equipment issued to him/her, and to pay for any items, which are lost or damaged.
- I support the athletic code of Palmyra-Eagle High School and agree that my son/daughter is to abide by this code.
- I have read and understand the preceding and give permission for the above named student to practice, compete, and represent Palmyra-Eagle High School in WIAA approved interscholastic sports except if restricted by a physician.

Parent/Guardian Signature _____ Date _____

Student Contract

I agree to be responsible for all equipment and fund raising items issued to me. I will pay for any items which are lost or damaged. Furthermore. I understand that I will not be eligible for athletic participation until all such delinquencies are cleared up. I have read the athletic code of Palmyra-Eagle High School. I agree to abide by the code and cooperate with the school in the enforcement of this code.

Student Signature _____ Date _____

Physical Examination – To be completed by the doctor at the time of physical:

PHYSICIAN, PLEASE REFER TO THE GUIDE FOR ATHLETIC DISQUALIFICATION

The above named student has been examined and may participate in interscholastic athletic activities except as follows:

(If none, write "none") _____

If the student is restricted or disqualified, please indicate: _____

If approved for only one year of competition, please indicate: _____

Signature of licensed physician or surgeon _____

Address	City/State/Zip	Phone	Date of Exam