



St. Gregory the Great Catholic School  
Archdiocese of San Antonio

Physician's and Parent Certificate of participation for Athletics

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

School: St. Gregory The Great Catholic School

PHYSICIAN'S REPORT

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body Type \_\_\_\_\_

Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Hearing \_\_\_\_\_

Heart \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Lungs \_\_\_\_\_

Joint Functions: Shoulders \_\_\_\_\_ Elbows \_\_\_\_\_

Hips \_\_\_\_\_ Knees \_\_\_\_\_

Dental (Cavities, Bridges, False teeth, Retainer, Appliance) (Circle defect)

Other \_\_\_\_\_

Is student taking any medication routinely? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

I hereby certify that on this day I have examined the above named student as indicated by items checked and recommended him/her as being physically able to participate in all athletic activities except the activities that are circled below.

- |          |            |              |               |               |
|----------|------------|--------------|---------------|---------------|
| Baseball | Basketball | Cheerleading | Cross Country | Football      |
| Soccer   | Softball   | Tennis       | Volleyball    | Track & Field |

Date: \_\_\_\_\_ **Signature of examining Physician** \_\_\_\_\_

\*\*\*\*\*Do Not Detach\*\*\*\*\*

I hereby give permission for the above name student to compete in Archdiocesan approved sports and go with the coach or other school representative on any trips. The parent herewith grants permission for school employees to secure medical service for the above named student if necessary. The undersigned agrees to be responsible in the safe return of all athletic equipment issued by the school to the above named student.

Date \_\_\_\_\_ **Signature of Parent or Guardian** \_\_\_\_\_

Evidence of Student Insurability:  
Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Other Insurance Information: \_\_\_\_\_