



Athletic Physical Permission/Release Form

Student's Information

Last Name	First Name	Middle Initial	Grade	Academic Year 20__ – 20__
Emergency Contact Name		Emergency Contact Phone Number		
Insurance Company		Insurance Policy Number		
Is there any medical information that we need to be aware of? (<i>Allergies, medications, previous surgery/injury, sprains, fracture, etc.</i>) Put "None" if not applicable.				

Parent Acknowledgement

1. I acknowledge that my student must have a physical evaluation every year to participate in the VCSS athletics program.
2. I acknowledge that the medical evaluation shall be performed by an authorized health care provider.
3. I acknowledge that the physical evaluation clearly stated my student is clear to participate in sports.
4. I acknowledge that my student will not be allowed to participate in any sport, beginning with the first practice and beyond, until my student receives a physical medical evaluation and paper work is turned into the VCSS office.
5. I acknowledge that if my student experiences a significant injury, illness, or surgery after submitting the physical evaluation, a clearance letter from an authorized health care provider is required to resume participation.
6. I acknowledge that in a case of sickness or injury, VCSS has my approval to secure, at my expense, medical attention as assessed necessary if I am unable to be reached.

Release and Parent Signature

1. I agree my student's participation in VCSS-sponsored athletics is voluntary.
2. I understand such activities involve physical exertion and contact and that there is risk of personal injury associated with participation, which risk I assume.
3. I agree to waive any and all claims, suits, losses, actions, or causes of action against VCSS, representatives, employees, volunteers, and affiliates based on any injury to my student, to me, or to any person whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my student's participation in a VCSS-sponsored sport.
4. I understand that VCSS requires that students, families, and parents affirm and adhere to all VCSS Policies stated in the Parent Manual.
5. I acknowledge the information submitted is truthful to the best of my knowledge.

Parent/Guardian Name

Parent/Guardian Signature

Date