



# John Young Middle School

## ATHLETIC PHYSICAL EXAMINATION FORM AND APPLICATION FOR PARTICIPATION



(574) 254-3600 • [www.mishawaka.k12.in.us/jyms](http://www.mishawaka.k12.in.us/jyms) • fax (574) 258-3021

For School Year \_\_\_\_\_

Student Last Name	First Name	Middle Initial	Grade
Age	Date of Birth	Sex	
		Male	Female

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations. I know and appreciate the risks and dangers involved not only in athletics generally, but in the particular sports in which I wish to participate, and that unanticipated and unexpected dangers may arise during my participation in high school athletics, and I assume all risks of injury to my person and property that may be sustained by me or by my parents in connection with or in any way related to my participation in middle school athletics.

Date	Signature of Student
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### Parent or Guardian's Permission and Release

I hereby give my consent of the above named student to represent his or her school in the athletic activities except for those indicated on this form by the examining physician, provided that such athletic activities are approved by the State Association. I also give my consent for the student to accompany the school team on any of its local or out-of-town trips. Consent is also given to physicians, physical therapists, physician's assistant, nurses, or other persons trained in the rendering of First Aid for the conduction of the pre-participation screening exam for the evaluation and treatment of injuries sustained during participation.

We acknowledge that the participant knows and appreciates the risks and dangers involved in the above designated athletics and is assuming all risks of injury and damage incident to his/her participation in said athletics. We do hereby release, discharge, and relinquish the demands, actions, and causes of actions of any sort of any injuries sustained by the participant for me/us, and any damages to the participant's and my/our property.

Typed or Printed Name of Parent/Guardian	Signature of Parent/Guardian
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Address	Phone	Date
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*Student Medical History Section: to be completed by parent or family physician*

Name of Student \_\_\_\_\_ Parent Name \_\_\_\_\_  
 Phone \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_  
 (Circle one)

Yes	No	1. Has had injuries requiring medical attention.
Yes	No	2. Has had illness lasting more than a week.
Yes	No	3. Is currently under physician's care.
Yes	No	4. Currently takes medication
Yes	No	5. Wears glasses (contact lenses yes/no)
Yes	No	6. Has been in hospital (except for tonsillectomy).
Yes	No	7. Has had a surgical operation.
Yes	No	8. Do you know of any reason why the individual should not participate in sports?

Please explain yes to above questions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes	No	9. Has complete poliomyelitis immunization
Yes	No	10. Has had a dental check-up in the past six (6) months.
Yes	No	11. Most recent tetanus toxoid immunization (date _____)
Yes	No	12. List known allergies:

Parent or Physician signature \_\_\_\_\_

**Physician's Certificate**  
*to be completed annually by physician holding unlimited license to practice medicine*

Name of Student \_\_\_\_\_ JOHN YOUNG MIDDLE SCHOOL  
 Significant past illness or injury \_\_\_\_\_  
 Grade \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**Examination**

<b>Vision</b>	Satisfactory	Unsatisfactory	Not Examined
<b>Hearing</b>	Satisfactory	Unsatisfactory	Not Examined
<b>Respiratory</b>	Satisfactory	Unsatisfactory	Not Examined
<b>Cardiovascular</b>	Satisfactory	Unsatisfactory	Not Examined
<b>Liver, Spleen</b>	Satisfactory	Unsatisfactory	Not Examined
<b>Kidney</b>	Satisfactory	Unsatisfactory	Not Examined
<b>Hernia, genitalia</b>	Satisfactory	Unsatisfactory	Not Examined
<b>Musculoskeletal</b>	Satisfactory	Unsatisfactory	Not Examined
<b>Skin</b>	Satisfactory	Unsatisfactory	Not Examined
<b>Neurological</b>	Satisfactory	Unsatisfactory	Not Examined
<b>Other ( _____ )</b>	Satisfactory	Unsatisfactory	Not Examined

I certify that I have examined this student as indicated and find him/her physically able to compete in supervised athletics not marked out below:

- Boy's Sports:** Cross Country, Football, Basketball, Wrestling, Track  
**Girl's Sports:** Cross Country, Volleyball, Basketball, Cheerleading, Track

Weight loss permitted to make lower weight class in wrestling? Yes \_\_\_ No \_\_\_

If yes, student may lose \_\_\_\_\_ pounds.

Physician's Address \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Date of Examination/Certification \_\_\_\_\_ Physician's Signature \_\_\_\_\_