



THE MARY LOUIS ACADEMY

Department of Athletics

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STUDENT-ATHLETE MEDICAL / PARENTAL PERMISSION FORM

This form must be completed and given to the coach before participating in any try-out for any TMLA sport and will remain on file for the 2011-2012 season.

TO BE COMPLETED BY ALL STUDENT-ATHLETES

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Insurance Company: _____

Policy #: _____ Group #: _____

Emergency Contact: _____ Relationship to Student: _____

Emergency Contact #: _____

Check the sport(s) that you will try-out for this year:

- | | | | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|---------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Dance | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track |
| <input type="checkbox"/> Volleyball | | | | | |

PARENTAL PERMISSION* ** TO BE COMPLETED BY ALL STUDENT-ATHLETES*

My daughter has my permission to try-out for the sports team (indicated above) at TMLA. I am aware that a physical examination by a doctor is required before participation in any interscholastic athletics and/ or try-outs. I understand that the physical exam must be dated, stamped and is valid for the entire school year unless the student has had a significant injury or illness. In the case of a serious injury or illness, TMLA and its coaches reserve the right to request that the physician, who must state that the athlete can return to full physical activity, reexamine the athlete.

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN'S EXAMINATION* ** TO BE COMPLETED BY SOPHOMORES, JUNIORS AND SENIORS ONLY*

This form must be **signed and stamped** by the physician.

This certifies that I have examined:

(Student's Name): _____ on (Date of Examination) _____

and she in good health and is able to participate in school athletics.

PRINT Physician's Name: _____ Physician's Signature: _____

Physician's Stamp: