



THE MARY LOUIS ACADEMY

Department of Athletics

176-21 Wexford Terrace
Jamaica Estates, NY 11432
(phone) 718 297 2120 ext. 253
(fax) 718 739 0037
e-mail: athletics@tmla.org
www.tmla.org

STUDENT-ATHLETE MEDICAL/ PARENTAL PERMISSION FORM

All Student- Athletes must have this form completed and submitted to the coach before participating in any try-out for any TMLA sport and will remain on file for the 2010-2011 season.

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Emergency Contact ("EC"): _____ EC #: _____ Relationship to Student: _____

Insurance Company: _____ Policy #: _____ Group# _____

Check the sport(s) that you plan to 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: **All Student- Athletes must have this form signed by a parent. **

My daughter has my permission to try-out for any sports team 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: **All Sophomores, Juniors, Seniors and Transfers must have this form signed and stamped by a 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 interscholastic athletics.

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

Physician's Stamp: