

**Our Lady of Mount Carmel
Athletic Pre-participation Exam Forms**

Parents/Guardian: This pre-participation physical evaluation and consent form is a four page document. Pages one, two, and four require your signature. A physical exam is good for one year from the date of the exam. Please note the area on page 3 requires health care provider signature.

PLEASE RETURN FORMS TO HIGH SCHOOL OFFICE

Athlete: _____ Grade: _____ Sport: _____
Age: _____ Gender: _____ Date of Birth: _____ Phone: _____
Parent/Guardian Name: (Please Print) _____
Parent/Guardian Email(s): _____

Parent/Guardian Consents

(Name of Athlete) _____ has my permission to participate in all interscholastic sports NOT checked below.

If you check any sport in this box it means the athlete will NOT be permitted to participate in that sport.
____ football ____ (B/G)soccer ____ (B/G)volleyball ____ (B/G)cross country ____ (B/G)basketball
____ wrestling ____ cheerleading ____ dance ____ baseball ____ softball ____ (B/G) lacrosse

I. My permission extends to all interscholastic activities whether conducted on or off school premises. The school will provide proper and suitable supervision at practice, games both home and away, and travel supervision while participating in games or practices not held on site at Our Lady of Mount Carmel. Beyond this point of supervision, the school cannot assume responsibility for any injuries. In exchange for the opportunity to compete in sports, I freely and fully waive any claim by me, my spouse, or my son or daughter against Our Lady of Mount Carmel and its employees arising from sports related injury or transportation to and from sporting events for said participant while participating in the activities not checked above. I have also discussed with him/her and we understand that physical injury, including paralysis, coma or death can occur as a result of participation in interscholastic athletics.

To enable Our Lady Mount Carmel and its full and associate member schools to determine whether herein named student is eligible to participate in interscholastic athletics, I hereby consent to the release of any and all portions of school record files, beginning with the ninth grade, of the herein named student, including but not limited to, birth and age records, name and residence of student's parent(s), guardian(s) or Relative Care Giver, residence of student, health records, academic work completed, grades received and attendance records.

I further consent to Our Lady of Mount Carmel, the MIAA/IAAM and its full and associate member schools use of the herein named student's name, likeness, and athletically related information in reports of interscholastic practices, scrimmages or contests, promotional materials of the Association, and other materials and releases related to interscholastic athletics.

I hereby consent to allow health care providers(s) selected by myself or the schools to perform a pre-participation examination on my child and to provide treatment for any injury received while participating in or training for athletics for his/her school. Permission is also granted for the school athletic trainer, the approved health care provider to proceed with any use of modalities for the care, treatment, and rehabilitation of the above named student who is participating in OLMC athletic events. Modalities will only be utilized under the direct orders of the team orthopedic surgeon, and will only be administered by the certified athletic trainer. I further consent to allow physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation, with coaches, medical staff, and other school personnel as deemed necessary. Such information maybe used for injury surveillance purposes.

I, the undersigned, agree that I have read and agree to all of the above statements and that my signature authorizes OLMC officials to act in the aforementioned ways.

Parent/Guardian Signature: _____ Date: _____