1772

SALEM
ACADEMY

INTERSCHOLASTIC SPORTS MEDICAL CLEARANCE

My child has permission to participate in the interscholastic sports checked below. It is our/my understanding that all health and accident insurance is our/my responsibility and that Salem Academy does not provide any accident or health insurance coverage.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Student Name (print) _____

The following section must be completed by a Physician.

I have examined the child named above and found her to be in excellent health and physically able to participate in the Salem Academy Athletic program in the following sport(s):

- ❑ Basketball
- ❑ Cross Country
- ❑ Equestrian
- ❑ Field Hockey
- ❑ Golf
- ❑ Soccer
- ❑ Softball
- ❑ Swimming
- ❑ Tennis
- ❑ Track
- ❑ Volleyball

Physician's Signature _____

Physician's Name (Print) _____

Physician's Address _____

_____

_____

Physician's Phone Number _____

Date _____