



**WEST CONTRA COSTA UNIFIED
SCHOOL DISTRICT ATHLETICS**
1108 Bissell Ave. Richmond, Ca. 94804 510.231.1100

**WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
PARENT'S CONSENT AND MEDICAL EXAMINATION CLEARANCE FOR ATHLETIC
PARTICIPATION**

STUDENT NAME: _____ BIRTHDATE: _____
ADDRESS: _____ CITY: _____ ZIP: _____
HOME PHONE: _____

PARENT'S CONSENT (To be filled out before giving to physician.)

I hereby give my consent for my daughter/son or ward to compete in all the sports listed below and travel to with a representative of the school on any scheduled athletic trip during the 20____ school year, while attending _____ High school. (BADMINTON, BASEBALL, BASKETBALL CROSS COUNTRY, FOOTBALL, GOLF, SOCCER, SOFTBALL, SWIMMING, TENNIS, VOLLEYBALL, WATER POLO, OTHER: _____)

EXCEPTIONS:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHYSICIAN STATEMENT

I hereby certify the above named student was given a physical examination by me on _____ 20____ and found to be physically fit to engage in the above interscholastic sports.

COMMENTS / RESTRICTIONS / EXCEPTIONS, if any, for athletic participation:

PHONE SIGNATURE OF PHYSICIAN RELEASE DATE AFTER MAY 1, 20__

LICENSE NUMBER _____

NOTE: This card is to be completed and filed in the Athletic Director office before the student may participate in athletics.