



**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.