



Certificate of Physical Examination for Recreation Activities

Name: _____

This is to certify that the above named student has been examined and appears to be in satisfactory physical condition for participation in all recreation sponsored athletic activities.

Date of Examination: _____

Physician: _____

Parent Permission

As a parent of legal guardian of _____ I hereby give my consent for his/her practice and play in athletic events.

Parents Signature: _____

Date: _____