

PRAIRIE VIEW ACADEMY

Student's name: _____ **DOB** _____ **Grade** _____

WAIVE: I the undersigned, agree to hold the Prairie View Academy School harmless for any injury which my child, _____, may receive, regardless of the nature or extent thereof and reason thereof, while participating in the Athletic Program at Prairie View Academy School.

Signed and released this date: _____
(Signature of parent or guardian)

INSURANCE: I do not wish my child, _____, in the insurance program while participating in the athletic activities at Prairie View Academy School. Any injuries will be covered by my personal insurance.

Signed and released this date: _____
(Signature of parent or guardian)

MISSISSIPPI ASSOCIATION OF INDEPENDENT SCHOOLS ATHLETIC ASSOCIATION PHYSICAL EXAMINATION SUMMARY

This form should be completed, filled out and filed in the office of the High School Principal prior to student's participating.

1. Age _____ Ht _____ Wt _____ BP _____
2. Heart condition: Satisfactory _____ Unsatisfactory _____
3. Lungs: Satisfactory _____ Unsatisfactory _____
4. Is there evidence of hernia? _____
5. Would athletic competition be likely to be injurious? _____
6. Extremities _____
7. Is the general condition of feet, ears, eyes & nose satisfactory? _____
8. Are there apparent cavities in any teeth? _____
9. Is there a bridge, false teeth or braces? _____

Comments: _____

(Physicians Signature) (Date)