



Mt. Calvary-Grace Lutheran School

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Athletic Waiver/Physical Examination Form

*All students participating in interscholastic athletics must have this form on file prior to practice or participation.
(Please print)*

Name _____ Height _____ Weight _____
Last Name First Name Middle Name

Date of Birth _____ Age _____ Sex _____ Grade _____ Place of Birth _____

Present Address _____ Phone Number _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____

Policy Numbers and Address _____

I hereby give my permission for the above-named student to practice, compete and represent the school in school-approved interscholastic sports. Excluding those restricted on this form and as parent of the above-named student, I agree to be financially responsible for the safe return of all athletic equipment issued to the student. I also understand that extra-curricular activities have some degree of inherent risk involved. Furthermore, my son/daughter is in good physical condition for participating in extra-curricular activities, and I understand that participants and their parents must assume full responsibility for personal injury incurred in extra-curricular activities. I also understand that no accident insurance is provided by Mt. Calvary-Grace Lutheran School. I further grant permission for my child, named above, to be given immediate emergency care in case of injury as the result of athletic competition.

Parent Signature Date



Physical Examination

The above-named student has been examined and there are no apparent contradictions to participating in interscholastic athletic activities except as follows:

Sports or school activities in which this student cannot participate are (if none – write NONE) _____

If student is restricted or disqualified, please indicate reason(s): _____

Signature of Licensed Physician or Surgeon: _____

Address: _____

City and State: _____ Telephone: _____ Exam Date: _____

(For the first year of participation, complete the above. For the remaining participation years, only the below signature is required.)

Signature of Parent (second year of participation) _____

Signature of Parent (third year of participation) _____

Signature of Parent (fourth year of participation) _____

Signature of Parent (fifth year of participation) _____