

**John F. Kennedy Memorial High School
ATHLETIC REGISTRATION FORM**

ALL PARTS OF THIS FORM must be filled out before an athlete will be allowed to participate in athletics at Kennedy High School.

STUDENT'S NAME _____ GRADE _____

Male _____ Female _____ Age _____ DATE _____

After beginning the 9th grade, did you repeat any part or all of a particular grade? Yes ___ No ___

Did you spend any part or all of 9th, 10th, 11th, or 12th grade at a school other than Kennedy? Yes ___ No ___

THIS FORM MUST BE RETURNED TO THE ATHLETIC DIRECTOR

ON OR BEFORE THE FIRST DAY OF PRACTICE.

I. Parent's Permission

Your son/daughter has chosen to participate in a school athletic program. Some athletic programs are more dangerous than others. Accidents can happen and risks of serious injury do exist. Participants in the interscholastic athletic program at Kennedy High School are covered by a Liability Catastrophe Plan paid for by the school. However, parents are responsible for the cost of treatment for injuries of a non-catastrophic nature. For this reason, it is strongly recommended that athletes be covered by medical and dental insurance while participating in interscholastic athletics.

Your signature below indicates that you have been informed of the above information.

I HEREBY GRANT PERMISSION FOR _____

TO PARTICIPATE IN ALL SPORTS (WITH THE EXCEPTION OF _____)

FOR THE _____ SCHOOL YEAR. **I UNDERSTAND THAT THIS MEDICAL**

EVALUATION IS VALID ONLY FOR THE CURRENT SCHOOL YEAR.

Signature of Parent/Guardian

II. Medical Evaluation

(To be completed by a medical authority licensed to perform a physical examination: Medical Doctor, Doctor of Osteopathy, Certified Registered Nurse, Physician's Assistant, and Naturopathic Physician.)

I (DO) (DO NOT) CERTIFY THAT _____ IS PHYSICALLY FIT TO

PARTICIPATE IN ALL SPORTS (WITH THE EXCEPTION OF _____)

FOR THE _____ SCHOOL YEAR.

Name of Medical Authority

Signature of Medical Authority