

# ALLIANCE SPORTS TRAINING

ATHLETIC PRE-PARTICIPATION CLEARANCE FORM 2024-2025

NOTE: A valid physical must be given after February 1, 2024

Please note that submission of this form (or another clearance form signed by the medical professional who performed the physical) to the school is required in order to be eligible for all the athletic activities offered by the school as well as dance/cheer.

:THIS SECTION TO BE COMPLETED BY THE PARENT OF THE STUDENT:

Athlete First & Last Name: _____		Date of Birth: _____	Grade: _____	Age: _____
<input type="checkbox"/> Female <input type="checkbox"/> Male		Place a check by all of the sports/activity in which athlete will participate:		
<input type="checkbox"/> Cheer		<input type="checkbox"/> Football	<input type="checkbox"/> Basketball	
Father's/Guardian's Name			Home Phone	
Work Phone		Cell Phone		
Mother's/Guardian's Name			Home Phone	
Work Phone		Cell Phone		
<b>Emergency Contact Person</b> (if parents/guardians cannot be reached)			Home Phone	
Work Phone		Cell Phone		

THIS SECTION TO BE COMPLETED BY THE MEDICAL PROFESSIONAL PERFORMING THE PHYSICAL.

<input type="checkbox"/> Date of Physical (MM/DD/YYYY): _____	<input type="checkbox"/> Cleared without restrictions OR <input type="checkbox"/> NOT cleared for any sports
<input type="checkbox"/> Cleared, with recommendations for further evaluation or treatment for: _____	
<input type="checkbox"/> Not cleared for certain sports (which sports and reason): _____	
<b>EMERGENCY INFORMATION: Allergies:</b>  	
<b>Other Information:</b>  	
<input type="checkbox"/> Immunizations Up to Date <input type="checkbox"/> Immunizations Not Up to Date (please specify): <small>(tetanus/diphtheria; measles; rubella; hepatitis A and B; poliomyelitis; pneumococcal: meningococcal; varicella)</small>	
I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent(s)/guardian(s). If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and his/her parent(s)/guardian(s).	
<b>Attending Physician (Print Name):</b> _____ <b>Office Phone:</b> _____	
<b>Office Address:</b> _____	
<b>Physician's Signature:</b> _____ <b>Date Signed:</b> _____	