

**TROY SCHOOL DISTRICT – INTERSCHOLASTIC ATHLETICS  
PHYSICAL EXAMINATION, PARENT CONSENT AND STUDENT APPLICATION FORM**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ STUDENT NO \_\_\_\_\_  
LAST FIRST MONTH/DAY/YEAR

ADDRESS \_\_\_\_\_ PHONE(home) \_\_\_\_\_ PHONE (work) \_\_\_\_\_  
NUMBER STREET ZIP CODE

DATE \_\_\_\_\_ 20\_\_ SCHOOL \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_

**PHYSICAL EXAMINATION** – The examination must occur after April 15 to be valid for the following school year. This section is to be completed, signed, and stamped by the examining physician.

1. Heart condition (circle one):      Satisfactory      Unsatisfactory      2. Lungs(circle one):      Satisfactory      Unsatisfactory
3. Is there evidence of hernia? \_\_\_\_\_ Restrictions \_\_\_\_\_
4. Is the general condition of feet, ears, eyes, and nose satisfactory? \_\_\_\_\_
5. Is the general condition of mouth and throat satisfactory: \_\_\_\_\_  
 Is there a bridge or false teeth? \_\_\_\_\_
6. Drug allergies? \_\_\_\_\_ 7. Blood pressure \_\_\_\_\_ / \_\_\_\_\_

I certify that I have on this date examined the above student and recommended him/her as being physically able to compete in interscholastic athletic activities except for the following restrictions: \_\_\_\_\_

SIGNATURE OF EXAMINING PHYSICIAN \_\_\_\_\_

DATE OF EXAMINATION \_\_\_\_\_ PHYSICIANS PHONE \_\_\_\_\_

**FORM# 970-0401**

PHYSICIANS STAMP \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
LAST FIRST

**PARENT/GUARDIAN CONSENT TO PARTICIPATE**

I hereby give my consent for the above named student to engage in interscholastic athletics at the above school during the current school year and to accompany the team as a member on all athletic trips.

We carry personal accident or health insurance. Yes \_\_\_\_\_ NO \_\_\_\_\_

If answer is yes, does your insurance coverage pay medical injury expense benefits up to \$25,000.00? If not or if answer is no, you are encouraged to purchase additional insurance for your student athlete. Forms are available in your school office.

Your student athlete has catastrophic insurance coverage provided by the Michigan High School Athletic Association (MHSAA) for up to \$75,000.00 for excess accident medical expenses after the first \$25,000.00 of expense. However, medical expense benefits do not begin until the \$25,000.00 deductible has been paid within one year of date of injury.

NAME OF INSURANCE COMPANY \_\_\_\_\_

I have read and am aware of the contents of the **Student Rights and Responsibilities, Code of Conduct, Code of Conduct for Student Athletes** and written **Supplemental Rules and Regulations** to be distributed by each individual team coach. I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of town trips. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

DATE \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

**STUDENT APPLICATION TO PARTICIPATE**

This application to participate in athletics at the above named school is voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Michigan High School Athletic Association. I have read the **Student Rights and Responsibilities Code of Conduct** and **Code of Conduct For Student Athletes** and am fully aware of my Rights and Responsibilities stated in both codes. In addition, I agree to abide by the written team rules and regulations to be distributed by each individual team coach.

I fully understand and appreciate the risk of serious personal injuries associated with my participation in interscholastic athletics.

DATE \_\_\_\_\_ Signature of Student \_\_\_\_\_

SPORTS LIKELY TO PARTICIPATE IN : \_\_\_\_\_