

**LEMON BAY HIGH SCHOOL ATHLETIC PARTICIPATION**

**NO ONE WILL BE ALLOWED** to participate in athletics (in season or out) at Lemon Bay High School without the following items on file in the **ATHLETIC OFFICE**.

1. Birth Certificate (Once turned in does not have to be turned in again!)
2. LBHS Athletic Participation Form, signed (this form)
3. Current Physical EL2 Form (Good for one year!)
4. Consent and Release EL3 form filled out in full with parent's/guardian's signature.
5. Proof of athlete insurance, copy (front and back) of insurance card. **If you do not have personal insurance, the athlete must purchase school sports insurance.**

**FOOTBALL INSURANCE IS EXTRA.**

**Regular school insurance, and or "All Other Sports" insurance DOES NOT COVER FOOTBALL.**  
**FOOTBALL INSURANCE DOES NOT COVER ANYTHING BUT FOOTBALL!**  
**ANY QUESTIONS PLEASE CONTACT THE ATHLETIC OFFICE.**

**\*\*\*PARENT OR GUARDIAN –**  
**PLEASE READ BEFORE SIGNING:\*\*\***

The purpose of this physical examination is to determine if your child meets the necessary requirements for eligibility. **Anyone who does not meet these requirements – must be cleared to participate by a physician. It is the responsibility of the student/parent/guardian to see that a written release is on file in the athletic office. The written release must be on file in the athletic office prior to participation in any sport.**

**It must be understood that the examination is not exhaustive and does not promise to completely cover all minor defects. It is performed by the examining physician in the spirit of helpfulness and does not guarantee good health or a trouble-free season for your child.**

NAME OF CHILD: \_\_\_\_\_

GRADE: 2016 – 2017 SCHOOL YEAR:                      9                      10                      11                      12

PLEASE LIST ALL SERIOUS OR CHRONIC ILLNESSES, IF ANY: \_\_\_\_\_

PLEASE LIST ALL SERIOUS INJURIES, IF ANY: \_\_\_\_\_

MAJOR OPERATIONS, IF ANY: \_\_\_\_\_

BY SIGNING THIS DOCUMENT YOU AGREE THAT YOU HAVE READ AND UNDERSTAND ALL OF THE ABOVE INFORMATION AND HAVE RECEIVED, READ AND UNDERSTAND THE ATTACHED LBHS STUDENT ATHLETE POLICIES.

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Student Athlete \_\_\_\_\_

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