FALCON TRAIL YOUTH ACTIVITIES CENTER

SPORTS PROGRAM

STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

(Please circle one of the following: Initial Physical Evaluation or Medical Re-evaluation)

Participants Name	Address Phone#
engage in Youth Sports i.e.: baseball, basketba	and the participant was found physically fit to l, cross country, football, golf, gymnastics, skiing, swimming, tennis, track and archery. (Please cross out any sport in which the participant should not engage
DatePhy	vsician Signature
(Valid for 365 days unless rescinded)	(Must be signed by a physician)
BY ITS NATURES, PARTICIPATION IN ANY YOUTH PROMINOR TO' LONG-TERM CATASTROPHIC. Although serio Participants can and have the responsibility to help reduce the cha	s, athletics and activities may be one of the least hazardous in which any Youth will engage in our Program GRAM ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM is injuries are not common in supervised Youth Athletic Programs, it is Impossible to eliminate the risk use of injury. PLAYERS MUST OBEY ALL SAFEY RULES, REPORT ALL THEIR OWN EQUIPMENT we have read and understand this warning. PARENTS OR PARTICIPANTSWHO DO NOT WISH TO DO NOT SIGN THE PERMISSION FORM.
Activities at USAFA, CO. Approved sports exce	to compete in athletics for the Falcon Trail Youth pt for those crossed out following; baseball, basketball, cross country, football and field, wrestling, volleyball, soccer, ice hockey, archery
Date:	Parent/Guardian Signature:
Date:	Parent/Guardian Signature:
NOTE: This statement should be on file in the Sp	orts Director's Office for every youth participating in youth athletic competition
player shall represent Falcon Trail Youth Activities Center unti- gal guardian and practicing physician certifying that he/she pas- rticipant who has received an adequate physical examination a ysical examination in subsequent years, unless significant injur- partment of Health that individuals participating in athletic even expected are recommended at the time of injury if more than five year ignificant Intervening Illness and/or Injuries have occurred, a physical examination form. If a youth athlete has been injur- lete should not be permitted to return to practice and/or comp	there is a physical on file with the Sports Director or Director, a statement signed by the parents or sed an adequate physical examination within the past year; Parents or guardian to participate. A statement signed by the parents or sed an adequate physical examination within the past year; Parents or guardian to participate. A state once upon entering youth athletics may elect to have a Medical Re- evaluation instead of a se or illness have occurred in the past year. NOTE: It is strongly recommended by the Colorado is have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life, are have elapsed since the last booster. In more complete physical examinations should be conducted. A practicing physician must sign and in practice and/or competition, the nature of which required medical attention, the youth stition until he/she has received a release from a participation physician. Physical examination to be given when a youth athlete changes levels of competition
· FALCON TRAIL YOUTH ACTIVIT	IES CENTER SPORTS PROGRAM ACTIVITIY INSURANCE WAIVER
icipation of activities. I fully understand that the Falcon Trail Yo	Il Staff of responsibilities in case of accident to <i>my</i> son/daughter while he/she during ath Center does not provide accident or .health insurance coverage for my child while it is my-responsibility to provide accident insurance coverage for my child.
el my present insurance coverage is adequate:	Date:

Parent/Guardian Signature