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)

PLEASE PRINT:

_____ _____ _____

Participants Name Address Phone#

I hereby certify that I examined_____ and the participant was found physically fit to engage in Youth Sports i.e.: baseball, basketball, cross country, football, golf, gymnastics, skiing, swimming, tennis, track and field, wrestling, volleyball, soccer, ice hockey, archery. (Please cross out any sport in which the participant should not engage in.

Date_____ Physician Signature_____

(Valid for 365 days unless rescinded) (Must be signed by a physician)

Parent of Guardian Permit

WARNING: Although participation is supervised Youth Activities, athletics and activities may be one of the least hazardous in which any Youth will engage in our Program. BY ITS NATURES, PARTICIPATION IN ANY YOUTH PROGRAM ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO' LONG-TERM CATASTROPHIC. Although serious injuries are not common in supervised Youth Athletic Programs, it is Impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFEY RULES, REPORT ALL THEIR *OWN* EQUIPMENT DAILY. By signing the permission form, we acknowledge that we have read and understand this warning. 'PARENTS OR PARTICIPANTSWHO *DO* NOT WISH TO ACCEPT THE RISK DESCRIBED IN THE WARNING SHOULD NOT SIGN THE PERMISSION FORM.

I hereby give my consent for_____ to compete in athletics for the Falcon Trail Youth Activities at USAFA, CO. Approved sports except for those crossed out following; baseball, basketball, cross country, football, golf, gymnastics, skiing, swimming, tennis, track 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 Sports Director's Office for every youth participating in youth athletic competition.

SUMMARY INFORMATION FOR PHYSICIANS

No player shall represent Falcon Trail Youth Activities Center until there *is* a physical on file with the Sports Director or Director, a statement signed by the parents or legal guardian and practicing physician certifying that he/she passed an adequate physical examination within the past year; Parents or guardian to participate. A participant who has *received* an adequate physical examination at least once upon entering youth athletics may elect to have a Medical Re- evaluation instead *of* a physical examination in subsequent years, unless significant injuries or illness have occurred in the past year. NOTE: It is strongly recommended by the Colorado Department *of* Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant Intervening Illness and/or Injuries have occurred, a more complete physical examinations should be conducted. A practicing physician must sign the physical examination form. If a youth athlete has been injured in practice and/or competition, the nature of which required medical attention, the youth athlete should not be permitted to return to practice and/or competition until he/she has received a release from a participation physician.·

NOTE: The Falcon Trail Youth Activities Center urges an adequate physical examination to be given when a youth athlete changes levels of competition i.e. Little League to Junior High, to High School etc.

· FALCON TRAIL YOUTH ACTIVITIES CENTER SPORTS PROGRAM ACTJVITIY INSURANCE WAIVER

This statement releases the Falcon Trail Youth Activities Center and Staff of responsibilities in case of accident to *my* son/daughter while he/she during participation of activities. I fully understand that the Falcon Trail Youth Center does not provide accident or .health insurance coverage for my child while participating in youth activities. I further understand that it is my-responsibility to provide accident insurance coverage for my child.

I feel my present insurance coverage is adequate: _____ Date: _____

Parent/Guardian Signature