



LINCOLN ATHLETIC DEPT Participation Forms 2010-11

Please list the sports you have signed up for below:

PERMISSION FORM

This form is to be completed and returned to the Athletic Director/coach before your son or daughter may partake in the Athletic Program at Lincoln. Please read and fill in the following form carefully, and include the appropriate signatures below.

This document will be on file in the Athletic Office.

I, (parent name) _____, understand that my son/daughter, (student name) _____, in grade _____ will be participating in the Lincoln Sponsored After School Sports Activity during first season (Aug 4 – Dec 17., 2010) / second season (Feb 1. – June 10, 2011).

I understand my son/daughter must balance his / her responsibilities to reach his/her potential with regards to the team, practice schedule, coach, other activities without negatively influencing his/her academic achievement.

My signature represents agreement with all the rules and regulations laid out in the Activities Handbook.

Parent Signature: _____ Date: _____

MEDICAL RELEASE

I, the undersigned, authorize the officials of the Asociacion Escuelas Lincoln to take whatever action is considered necessary, in their judgment, for the health of my child. I will not hold the school financially responsible for the emergency care and/or transportation of my child.

Student Name: _____ Document type & #: _____

Parent Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

In the case of any injury caused during competition or practice, we would like to contact the parents as soon as possible. Please include the names and numbers of two people that can be contacted on short notice.

(PLEASE PRINT)

A	B
(name): _____	(name): _____
(relation): _____	(relation): _____
(home phone): _____	(home phone): _____
(work phone): _____	(work phone): _____
(cell phone): _____	(cell phone): _____
(email): _____	(email): _____

MEDICAL INFORMATION:

Please list Medical Insurance Information and any health conditions that the school should be aware of: epilepsy, diabetes, asthma, bee string, dietary concerns, allergies, etc. Also, please list medications that the student is using and any pertinent information regarding these medications. If your child has no medical or health conditions please write – NO MEDICAL or HEALTH CONDITIONS in the space below.

Medical Insurance Card # and/or Info: _____

Medical Insurance Emergency Phone Numbers: _____

Health Conditions: If more room is required attach additional sheet.

Lincoln Athletic Department

Doctor's Medical Clearance / Parent Medical Waiver Form

To Whom It May Concern:

The following medical form contains two parts: Part I – Doctors Medical Clearance and Part II – Parent Medical Waiver. ***Before*** a student is allowed to participate Part I – Doctors Medical Clearance or Part II – Parent Medical Waiver ***must be completed and returned to the Athletic Department Coordinator*** (Mr. Otero). We encourage all students to complete Part I by having a doctor complete the form. Parents may elect to complete Part II thereby waiving the doctor's medical clearance and accept responsibility for the health of their child to participate in the Lincoln Athletic Program.

This Form will remain on file, but it must be renewed for each academic year the athlete wishes to participate in the Lincoln Athletic Program.

Part I - Doctor's Medical Clearance

Part I must be completed by a certified doctor. The doctor must perform a routine physical examination that includes, but is not limited to: heart rate, blood pressure, and lung examination. There should also be documentation concerning any particular ailments associated with the athlete (i.e. allergies, dizzy spells, diabetes, epilepsy etc.) The form must be signed by all parties indicated, and include an official stamp with the registration number of the doctor before it will be deemed complete.

Documento médico oficial que certifique "Apto para la práctica deportiva".

Signatures/Firmas,

I, _____, confirm that _____,
(name of parent / nombre del padre) (name of son /daughter / nombre del hijo)

has passed a physical examination with a certified doctor. Lincoln and its coaching staff are not liable for any injury incurred during the sporting season.

(Signature of parent / firma del padre)

(Signature of student / firma del alumno)

(Signature of doctor / firma del doctor)

(Date / fecha)

Part II - Parent Medical Waiver Form

Part II must be complete by a parent or legal guardian and student. Parental and student signatures represent the following:

- That you have read and understand the waiver form
- That you waive the doctor's medical clearance and accept responsibility for your child's health to participate in the Lincoln Athletic Program.

De no presentar certificado médico el o los padres serán los exclusivos responsables de permitir la participación en el programa.

Signatures/Firmas,

(signature of parent / firma del padre)

(signature of student / firma del alumno)

(date / fecha)