

MARINERS CHRISTIAN SCHOOL

PARENT SPORTS FORM

Student Name: _____

Last First

Student Birth Date: _____ (Month, Day, Year) Student Grade: _____

Parent Name (Mother): _____

Last First

Parent Name (Father): _____

Last First

Health History of Student (To be completed by parent)

Please check appropriate line. Has your child experienced any of the following conditions? If **YES** please explain below.

	YES	NO
Diabetes	_____	_____
Asthma	_____	_____
Unusual weakness, fainting or dizziness	_____	_____
Any broken bones, torn ligament or tendons	_____	_____
Previous hospital care or surgeries	_____	_____
Irregular heartbeat or murmur	_____	_____
Taking any medications (please explain reason)	_____	_____
Hernia	_____	_____
Seizures / convulsions / epilepsy	_____	_____
Hearing or visual impairments	_____	_____
Under the care of a physician at the present time	_____	_____
Are there any conditions that the coaches should be aware of	_____	_____

Please explain any YES answers: _____

The above information is correct to my knowledge. I am aware that participating on extracurricular sports teams can cause serious injury and even death. Knowing that, I hereby permit my son/daughter to participate on extracurricular sports teams sponsored by Mariners Christian School.

Signature of parent or legal guardian: _____

Date: _____