

**Moorestown Friends School  
Athletic Department**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_

I, the parent/guardian of the above student, give my daughter/son permission to participate in the summer recess sports practices at Moorestown Friends School. I realize that such activities involve the potential for injury, which could have the result of total disability, paralysis, or even death. I am also aware that an athletic trainer will not be present during these practices. I acknowledge that I have read and understand this warning.

I am aware that these summer recess practice sessions are voluntary and in no way mandatory.

It is strongly encouraged that students involved in summer recess practices have an updated physical examination conducted by their family physician prior to participation. Physical examinations that were conducted in the immediate preceding year are sufficient for 365 days.

In order to participate in the summer recess practice, the parent/guardian must complete the following medical update. Please indicate below any medical information that has changed since the last sports physical examination:

1. Hospitalization/Operations:
2. Illnesses:
3. Injuries:
4. Care administered by a physician:
5. Medications:

I have read the above statements, and upon signing, I give my daughter/son permission to participate in summer recess practices at Moorestown Friends School.

\_\_\_\_\_  
**(Parent/Guardian Signature)**

\_\_\_\_\_  
**Date**