

**RECERTIFICATION
LAKESIDE MIDDLE SCHOOL INTERSCHOLASTIC SPORTS**

Name _____ Grade _____ Sport _____

Address _____ Phone _____ Birthdate _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____
(cell, home, work)

Sex _____ Age _____ Are you a transfer Student? Yes _____

If yes, date entered L.S.M.S. _____

HEALTH HISTORY

To be completed and signed by parent/guardian.

(Circle the correct answer and give reasons for any YES answers in the space below)

Please give dates for injuries and illnesses.

Has the student:

YES NO Experienced any illness or injury which required a physician's care since his/her last physical (includes hospital/emergency room)?

Reason: _____

YES NO Been placed on any new medication for an ongoing illness or new condition?

List: _____

YES NO Been medically advised NOT TO PARTICIPATE in any sport activity?

Reason: _____

Has my permission to participate in the following scholastic sport during the 20____ sports season. I agree to relieve Lakeside Middle School of all financial responsibility due to injury and even death received during practice/competition. **EQUIPMENT OBLIGATION:** I further agree that my son/daughter will meet all obligations for returning equipment. I understand unless obligations are completed he/she will not be allowed to participate in further athletic programs. I certify that the information provided herein is accurate to the best of my knowledge.

Date _____

Parent/Guardian Signature _____

RECERTIFICATION
MILLVILLE SENIOR HIGH SCHOOL INTERSCHOLASTIC SPORTS

Name: _____ Grade (2009-2010): _____ Sport: _____

Address: _____ Phone: _____

Birthdate: _____ Age: _____ Male or Female (please circle)

Are you a transfer student? YES NO (please circle)

If yes, date you entered MSHS: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Phone # (Home): _____ (Work): _____ Cell: _____

HEALTH HISTORY:

To be completed and **signed** by parent/guardian.

Circle the correct answer and **give reasons for any YES answers** in the space provided below.

Please give **dates** for injuries and illnesses.

Has the student:

YES NO Experienced any illness or injury which required a physician's care since his/her last physical (includes hospital/emergency room)?

Reason: _____

YES NO Been placed on any new medication for an ongoing illness or new condition?

List: _____

YES NO Been medically advised NOT TO PARTICIPTAE in any sport activity?

Reason: _____

My child has my permission to participate in the above listed interscholastic sport for the 2009-2010 school year. I agree to relieve Millville Senior High School of all financial responsibility due to injury and even death received during practice/competition. **EQUIPMENT OBLIGATION:** I further agree that my son/daughter will meet all obligations for returning equipment. I understand unless obligations are completed he/she will not be allowed to participate in further athletic programs. I certify that the information provided herein is accurate to the best of my knowledge.

Date

Parent/Guardian Signature