Zion Christian Academy

Athletic Department

Temporary Waiver of Physical Examination

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

Male or Female (circle one) Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that Zion Christian Academy’s policy is that all athletes should receive a physical examination by a licensed physician before participating in extra-curricular sports or camps.

In signing this form, I am stating that I have sought and accept a temporary waiver of the physical examination requirement for my child.

In making this request, I understand that I may be placing my child in danger due to unforeseen medical complications arising from athletic participation.

I specifically accept all responsibility for this waiver, including responsibility for any complications that my accordingly befall my child.

I specifically release Zion Christian Academy and Zion Presbyterian Church, and any employees thereof from any legal liability for complications that my child might incur resulting from this temporary Waiver of Physical Examination.

This release of physical examination requirement expires 14 calendar days from the date of issuance. Accordingly, my child will have a physical examination performed by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

My signature below indicates that I have read this form and agree to its contents.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents or Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_