

Carolina Day School Students in Grades 6-12

ATHLETIC RELEASE FORM for 2010-2011

NOTE: Return form to Jessica Lewis in the Athletic Department.

Please be aware that this form does not take the place of the Student Health Report.

For Students in Grades 6-12 Only. One form per student.

I. Physician-Please complete and sign.

NOTE: THE DATE OF THE MEDICAL EXAM MUST BE WITHIN 365 DAYS OF AUGUST 1, 2010.

The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions, absence of one kidney, eye, testicle, or ovary, etc.

I certify that I am licensed to practice medicine in the state of _____ and that I examined _____ on _____, _____ and that such examination revealed (____ conditions ____ no conditions) that would prevent this student from participation in the interscholastic athletic program at Carolina Day School (hereinafter "CDS").

If the student's participation is limited to specific sport(s), please list the sport(s) to which the student is limited and the reason(s) for the limitation: _____

If the student's participation is deferred, please list the reason(s) for deferral (eg. rehab., recheck, consultation, lab work, etc.): _____

If the student is not qualified, list reason(s) for disqualification: _____

Signature _____
 Phone # (____) _____ Date _____
 Address _____

II. Parent/Student-Please complete and sign. The undersigned student and his/her parent(s)' and/or guardian(s)' desire for the student to participate in the interscholastic athletic program at Carolina Day School (hereinafter "CDS"). By completing and signing this section of the form, the undersigned:

- Acknowledge that we have had sufficient opportunity to read this entire document, have read and understood it, and agree to be bound by its terms, and
- Acknowledge an understanding of the inherent risks of participation in interscholastic athletics, which could result in injury, illness, death, and/or property damage, and
- Acknowledge the fact that the parent or guardian does have insurance coverage and any claims resulting from the participation of my child in interscholastic athletics will be covered by the parent's or guardian's insurance carrier and not by the school's insurance carrier, and
- Agree to the terms of the attached Carolina Day School Emergency Treatment Form, and
- Agree to release, discharge, covenant not to sue, and indemnify and hold harmless CDS, its Board of Trustees, officers, officials, faculty, staff, and agents on behalf of ourselves, our assigns, personal representatives, and estates from and against any and all claims, demands or causes of action for personal injury, death or property damage, which are in any way connected with the participation by the undersigned student in the CDS interscholastic athletic program and/or use of CDS equipment.

Consent and Agreement of Parents and/or Guardians (Both Parents and/or Guardians Must Sign)

Signature of Parent or Guardian	Printed Name of Parent or Guardian	Date
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Signature of Parent or Guardian	Printed Name of Parent or Guardian	Date
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Agreement of Student

Signature of Student	Printed Name of Student	Date
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