



MONTESSORI SCHOOL of BOWLING GREEN  
515 Sand Ridge Road  
Bowling Green, OH 43402  
phone 419.352.4203 | fax 419.353.1914  
www.MontessoriSchoolBG.org

### STUDENT ATHLETE PARTICIPATION CONSENT

As a student athlete, I, \_\_\_\_\_, understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state and country.
- I understand that a student whose conduct is inappropriate may become ineligible for a period of time as determined by the program coach and/or school administration.
- I understand that participation in interscholastic athletics is a privilege not a right.
- I understand that participation in interscholastic athletics may cause personal injury.

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Current Date

*Below this line is for parent review and completion*

**Informed Consent** - By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coach(es), follow a proper conditioning program and inspect their own equipment daily. **PARENTS/GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN INTERSCHOLASTIC SPORTS WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURES.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

#### Emergency Information

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Notes: \_\_\_\_\_

Emergency Contact other than parent, if any: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below I acknowledge that I have read the above information and that I consent to the named student's participation, including off-site practice and meets.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date



MONTESSORI SCHOOL of BOWLING GREEN  
 515 Sand Ridge Road  
 Bowling Green, OH 43402  
 phone 419.352.4203 | fax 419.353.1914  
 www.MontessoriSchoolBG.org

**STUDENT ATHLETE PARTICIPATION  
 PHYSICIAN'S CLEARANCE**

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % of Body Fat (optional) \_\_\_\_\_ BP: \_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_

Vision R: 20/\_\_\_\_ L: 20/\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

<u>MEDICAL</u>	<u>Normal</u>	<u>ABNORMAL FINDINGS</u>	<u>Initials</u>
Appearance			
Eyes/ears/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Skin			
<u>MUSCULOSKELETAL</u>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

Notes: \_\_\_\_\_

**CLEARANCE**

Cleared, without restriction  Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

Not cleared for:  Sports  Certain sports: \_\_\_\_\_

Reason and/or recommendations: \_\_\_\_\_

Name of examining physician/physician's assistant/advanced practice nurse \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET. CONSENT FORM MUST BE COMPLETED PRIOR TO PHYSICAL EXAMINATION.