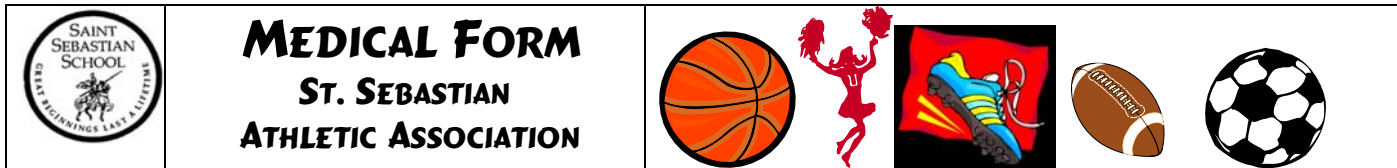


REGISTERED CHILD'S NAME _____ DATE OF BIRTH _____



DOES REGISTERED CHILD HAVE? CIRCLE ONE. IF YES, PLEASE IDENTIFY COMPLETELY.

1. Restrictions or limitations on participation or activities?	Yes / No	
2. Any known allergic reactions?	Yes / No	
3. A history of physical ailments such as nosebleeds or asthma?	Yes / No	
4. Any current medical therapy or prescriptions?	Yes / No	
5. A need to use an inhaler?	Yes / No	

REGISTERED CHILD IS A.....

Check the box that applies.

<input type="checkbox"/> NEW PARTICIPANT IN SSAA ATHLETICS 2006 – 2007 SCHOOL YEAR	<input type="checkbox"/> PREVIOUS PARTICIPANT IN SSAA ATHLETICS 2006 – 2007 SCHOOL YEAR
The Physician Release, listed below, must be completed for ALL SSAA participation by the Registered Child this school year.	A Physician Release provided previously for the Registered Child's participation remains valid.
	Note: Signed medical form is valid for a period of 1 year from the date of the physician's signature.

PHYSICIAN RELEASE

I have examined the Registered Child and my examination has found no medical reason to preclude his/her participation in competitive/contact sports.
Date of Examination*
Physician Signature
Physician Name (please print)
Date of Physician Signature

Return completed form in an envelope addressed to:
Matt Marchione
SSAA
Office 1

Parents: Students will NOT be permitted to participate in practices or games unless a completed, current medical release form is on file and the registration fee has been paid. Q&A call: Matt Marchione 412.487.6773