

**ECKSTEIN MIDDLE SCHOOL  
ATHLETICS ELIGIBILITY CLEARANCE CARD**

*Return to building Athletic Director*

Student's Name (please print)	Grade	Date of Birth (MM,DD, YYYY)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Address		Phone Number (Home)	
Parent/ Guardian Name(s)		Mobile/ Bus. Phone Number	
Parent/ Guardian Name(s)		Mobile/ Bus. Phone Number	
Emergency contact in the event parents cannot be reached	Contact Number(s)	Hospital Preference	
Major medical concerns or allergies	Insurance Provider	Insurance Policy Number	

As parent or legal guardian, I authorize the team physician or in his/her absence, a qualified physician to examine the above named student and in the event of injury, to administer emergency care and to arrange for any consultation he/she deems necessary to ensure proper care of an injury. Every effort will be made to contact parent/guardian to explain the nature of the problem prior to any treatment.

I understand that I will assume full responsibility for payment of any services rendered, including transporting by emergency vehicles if necessary.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Student Name (please print)	Grade	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ACTIVITY INTEREST		
FALL	WINTER	SPRING
<input type="checkbox"/> Ultimate Frisbee (Co-Ed) <input type="checkbox"/> Girls Soccer	<input type="checkbox"/> Boys Basketball <input type="checkbox"/> Girls Basketball	<input type="checkbox"/> Track & Field (Co-Ed) <input type="checkbox"/> Boys Soccer <input type="checkbox"/> Girls Volleyball

**FOR OFFICE USE**

*Athletes are NOT eligible to practice or compete without a signature from the Athletic Director*

FALL CLEARANCE	WINTER CLEARANCE	SPRING CLEARANCE
PHYSICAL:		
EXAM DATE:	EXPIRATION:	