

**ST AGNES ATHLETIC ASSOCIATION
PHYSICIAN'S CERTIFICATION**

Name _____ Date of Birth _____
Last Middle Initial First

Place of Birth (County & State) _____ Grade ____ Age ____ Sex ____

The above named student has been examined and there are no apparent contraindications to participating in any sport of his/her choice at St. Agnes School except as follows:

Sports or school activities in which this student cannot participate are (if none – write none)

PHYSICIAN'S SIGNATURE _____ DATE _____
ADDRESS _____
CITY & STATE _____
TELEPHONE _____

This certification is valid for 2 years from the date indicated above.

**Please return the attached Physical form if needed /Permission Form to:
St. Agnes Parish
ATTN: Athletic Director
12801 W. Fairmount Ave
Butler, WI 53007**