



Principal: Mrs. Anita Palacios



Athletic Director: Joaquin Marroquin

Yolo Middle School

901 Hoyer Road, Newman, CA 95360 • Phone: (209) 862-2984 • Fax: (209) 862-3734

Yolo Middle School Athletic Information Sheet

Athletes will not be allowed to tryout, practice, or play on a Yolo athletic team until the Athletic Director is in possession of the completed form.

Student Information

Student Name: _____ Grade: _____ Age: _____

Student Address: _____ City/Zip: _____

Parent Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Physician Information

Physical Exam Information

Weight:	Right Eye: 20/
Height:	Left Eye: 20/
BP:	ENT:
ABO:	Chest:
Hernias:	Other:

- ☐ Cleared without restrictions
- ☐ Cleared AFTER further evaluation or treatment for: _____
- ☐ NOT cleared for participation

(Physician please print facility name and address or use office stamp here)

Physicians Signature: _____ Date of Exam: _____

Physicians Name (Printed): _____ State License: _____

Insurance Requirement

I have and will maintain health and/or accident insurance for my child which meets the requirements of the California law. I will promptly notify the school in the event insurance coverage changes. Athletes without insurance will need to purchase insurance through a private insurance company or through the Newman Family Resource Center, located on the Von Renner campus. This must be done prior to an athlete trying out for a sport. Without insurance, the student athlete will not be able to try out or participate in

Insurance Company Name: _____ Policy/Group#: _____

Parent/Guardian Signature: _____ Date: _____