

**CALIFORNIA INTERSCHOLASTIC FEDERATION (CIF) and WILLITS HIGH SCHOOL**

**PARENTS and GUARDIANS:** All student-athletes must submit proof of a physical examination by an appropriate medical practitioner before participating in high school athletic practice or competition. Physicals are current for 365 days.

**PHYSICIAN'S STATEMENT**

I hereby certify that (name of student) \_\_\_\_\_ was examined by me on (date) \_\_\_\_\_ and was found to be physically fit to engage in high school athletics.

\_\_\_\_\_  
(Signature of Physician)

If this student has any injury or physical conditions that should be watched, please list:  
\_\_\_\_\_

**INSURANCE INFORMATION**

Pupil is covered by the following accident insurance :

Name of insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_  
Address \_\_\_\_\_

**PARENT CONSENT**

I hereby give my consent to the above named student (my son/daughter or ward) to compete in high school athletics and to go with a representative of Willits High School on athletic trips. In case this pupil is injured, a school representative is authorized to have the above named student receive medical treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Name of Alternate Person to Contact in Case of Emergency

\_\_\_\_\_  
Alternate Emergency Phone

\_\_\_\_\_  
Name of Second Alternate Emergency Contact

\_\_\_\_\_  
Second Alternate Phone

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