TO:  MID-PACIFIC ATHLETIC DEPARTMENT

At this time my son/daughter, ________________________________, does not have the required physical taken for the current school year.  I assume all responsibility and liability while my child is participating in his/her sport activity until the physical examination is taken.

Listed below is the time and date of the physical appointment. Thank you.

Date and Time of Appointment: ________________________________

Medical Insurance: __________________________________________

___________________________________________________________

Parent/Guardian Signature                                      Date

This temporary form allows the above named to participate in conditioning workouts and practices only. Participation in scrimmages/games/matches/races will be allowed when their physical is completed and their physical form is submitted to the MPI Athletic Office.