IAW AFI 34-804 - ALL YOUTH SPORT PARTICIPANTS ARE REQUIRED TO HAVE AN ANNUAL PHYSICAL And PROVIDE CURRENT IMMUNIZATION RECORD

I hereby give my approval of my son's/daughter's participation in any and all activities conducted by the Maxwell Gunter AFB Youth Sports Program during the current season and I agree to assume all risks and hazards incidental to such activities, including transportation to and from said activity. I verify that the birth date is correct.

_____

PARENT'S SIGNATURE

MAXWELL GUNTER AFB YOUTH PROGRAMS
PARTICIPANT PHYSICAL EXAMINATION/PARENTAL CONSENT
YOUTH SPORTS PROGRAM

NAME OF PARTICIPANT: _____
LAST FIRST MI

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(YY/MM/DD)

TO BE COMPLETED BY EXAMINING PHYSICIAN

1. Allergies to medicines _____
2. Immunizations Check _____
3. Blood Pressure Check _____
4. Urine Analysis Protein _____ Sugar _____
5. Measurements Height _____ Weight _____
6. Heart Check Satisfactory _____ Unsatisfactory _____
7. Lung Check Satisfactory _____ Unsatisfactory _____
8. Is there evidence of a HERNIA? Yes _____ No _____ Would athletic competition be likely to cause injury? Yes _____ No _____
9. Is the general condition of the FEET, EARS, EYES and NOSE satisfactory? Yes _____ No _____
   If no, please explain _____
10. Are there apparent cavities in any teeth? Yes _____ No _____
11. Is there a BRIDGE or FALSE TEETH? Yes _____ No _____

I certify that I have on this date examined the above Youth Sports Participant and recommend his/her as being physically able to participate in the Youth Sports Programs supervised athletic activities.

_____ _____
DATE SIGNATURE OF EXAMINING PHYSICIAN

PARENT'S/LEGAL GUARDIAN'S APPROVAL

I hereby give my consent for the above mentioned child to participate in the Youth Sports Program.

_____ _____
DATE SIGNATURE OF PARENT/LEGAL GUARDIAN