

MIXED COMPETITION FORM

INDIVIDUAL ATHLETIC PROFILE FOR MIXED COMPETITION

**PART I: Physician Approval**

Please check one:

\_\_\_ I know of no contraindications to this patient participating in Boy's Lacrosse for the 20\_\_ season and agree that the Depew Lacrosse Club can proceed with evaluation of this patient.

\_\_\_ I feel that participation in Boy's Lacrosse would not be appropriate for this patient.

Physician (print or type name) \_\_\_\_\_

*Signature* \_\_\_\_\_

Date: \_\_\_\_\_

\*To be completed by Physician

**PART II:**

**Club Information**

Date: \_\_\_\_\_

Club: Depew Lacrosse Club

Director/President: Michael Yelich/President

Family Physician: \_\_\_\_\_

Coach: \_\_\_\_\_

Level: \_\_\_\_\_

Board Member: \_\_\_\_\_

\*To be completed by Depew Lacrosse Club

**PART III:**

**Player Information**

Previous mixed competition? YES \_\_\_ NO \_\_\_ What sport and level? \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Sport and level being requested? \_\_\_\_\_

\*To be completed by parent

**PART IV:**

**Physical Education and Medical History**

Is the pupil enrolled in regular physical education without restrictions? YES \_\_\_ NO \_\_\_

If NO, Explain \_\_\_\_\_

History of conditions, injuries or illness that would be restricting? YES \_\_\_ NO \_\_\_

If YES, Explain \_\_\_\_\_

\*To be completed by parent and Physician