



BEN FRANKLIN ACADEMY
INTERSCHOLASTIC PARTICIPANT FORM

GRADE: _____

NAME: _____ BIRTH DATE: _____ AGE: _____ SEX: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PARENT/GUARDIAN'S NAME: _____ HOME PHONE: _____

FATHER'S DAYTIME PHONE: _____ MOTHER'S DAYTIME PHONE: _____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

NAME: _____ PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

PARENT'S PREFERRED HOSPITAL: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined _____ and that the student was found
physically fit to engage in soccer, cross country, volleyball, basketball, track, and cheerleading.

(Please cross out any sport in which the student should not participate)

Student's Birthday: _____

Date of physical: _____ Signed: _____
(Valid for 365 days unless rescinded) Physician (Must be signed by MD, DO, NP, PAC, or DC)

PLEASE PRINT

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____