

**NEWPORT HARBOR HIGH SCHOOL
ATHLETIC TEAM TRYOUT
RELEASE FORM**

Legal implications require that this form be completed prior to your son/daughter trying out for an athletic team.

Date _____

1. Student's Name: Last _____ First _____

Grade _____ ID # _____

2. Parent's/Guardian's Name _____

Address _____

Phone # _____

3. We the parents/guardians of the above named student declare the following statements to be true:

(a) Our child has successfully passed a physical exam within the last 365 days.

(b) Our child is covered by our family health insurance for any kind of accident that may occur during the tryout period and/or practice.

Insurance Company _____ Policy # _____

In the event that you do not have health insurance coverage, you must purchase school insurance before you are allowed to tryout. (Underwritten by Myers-Stevens Insurance Company) Forms are located in the Athletic Office.

4. Parent/Guardian Signature _____ Date _____

YOU MUST PRESENT THIS SIGNED AND COMPLETED FORM TO THE COACH BEFORE YOU WILL BE ALLOWED TO TRYOUT OR PRACTICE.

Does your son/daughter have any history of:

Asthma _____ Heart Problems _____ Any other medical problems? _____
