

DELAWARE INTERSCHOLASTIC ATHLETIC ASSOCIATION

Parents/Guardian: The DIAA pre-participation physical evaluation and consents form consist of seven pages. Pages one, two and four require your signature while pages five, six and seven are references for you to keep. Page three requires the exam date and physician's signature. Pages three and four require the clearance to participate date and physician's signature. The student must be cleared to participate on or after April 1 based on a physical examination conducted within 12 months of the signature. The clearance is valid through June 30 of the following school year.

Athlete: _____ **Phone:** _____ **School:** _____

Age: _____ **Gender:** _____ **Date of Birth:** _____ **Grade:** _____

Parent/Guardian Name: (Please Print): _____

PARENT/GUARDIAN/STUDENT CONSENTS

_____ Has my permission to participate in all interscholastic sports **NOT checked below?**
 (Name of Athlete)

NOTE- If you check any sport below the athlete will NOT be permitted to participate in that sport.							
	Baseball		Basketball		Cheerleading		Cross Country
	Field Hockey		Football		Golf		Ice Hockey
	Lacrosse (G)		Soccer		Softball		Squash
	Tennis		Track		Volleyball		Wrestling
							Crew
							Lacrosse (B)
							Swimming

- My permission extends to all interscholastic activities whether conducted on or off school premises. I have read and discussed the **Parent/Player Concussion Information Form; Symptoms and Risk Factor for Sudden Cardiac Arrest form;** and the list of items that protect against the loss of athletic eligibility, with said participant and I will retain those pages for my reference. I have also discussed with him/her and we understand that physical injury, including paralysis, coma or death can occur as a result of participation in interscholastic athletics. I waive any claim for injury or damage incurred by said participant while participating in the activities **NOT checked above.**

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

- To enable DIAA and its full and associate member schools to determine whether herein named student is eligible to participate in interscholastic athletics, I hereby consent to the release of any and all portions of school record files, beginning with the sixth grade, of the herein named student, including but not limited to, birth and age records, name and residence of student's parent(s), guardian(s) or Relative Care Giver, residence of student, health records, academic work completed, grades received and attendance records.

Parent Signature: _____ **Date:** _____

- I further consent to DIAA's and its full and associate member schools use of the herein named student's name, likeness, and athletically related information in reports of interscholastic practices, scrimmages or contests, promotional literature of the association, and other materials and releases related to interscholastic athletics.

Parent Signature: _____ **Date:** _____

- By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the schools to perform a pre-participation examination on my child and to provide treatment for any injury received while participating in or training for athletics for his/her school. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation, with coaches, medical staff, Delaware Interscholastic Athletic Association, and other school personnel as deemed necessary. Such information may be used for injury surveillance purposes.

Parent Signature: _____ **Date:** _____

- By this signature, I agree to notify the physician and school of any health changes during the school year that could impact participation in interscholastic athletics.

Parent Signature: _____ **Date:** _____