

**St. Celestine Athletic Committee
Medical Release Form**

Student's Name: _____ Room #: _____

Sport(s): _____

*Student athletes in 6th grade do not need another physical.

The student named above is physically able to participate in the sport(s) stated.

Doctor's Name (printed): _____

Address: _____

Phone #: _____

Signature of Doctor: _____ Date: _____