

## **Certificate of Physical Examination for Recreation Activities**

Name:	
This is to certify that the above named student has been exart satisfactory physical condition for participation in all recreat activities.	1.1
Date of Examination:	
Physician:	
Parent Permission	
As a parent of legal guardian ofconsent for his/her practice and play in athletic events.	I hereby give my
Parents Signature:	
Date:	