

**Naples Tiger Sharks Physical Examination/Parental Consent for Swim
Privacy Act Statement below dotted line**

TO BE COMPLETED BY EXAMINING PHYSICIAN:

1. HEART Satisfactory/Unsatisfactory (cross out one)
2. LUNGS Satisfactory/Unsatisfactory (cross out one)
3. Is there evidence of HERNIA? _____
 Would athletic competition be likely to be injurious? _____
4. Is the general condition of FEET, EARS, EYES, and NOSE satisfactory? _____

I certify that I have on this date examined the below student and recommend him/her as being physically able to compete in supervised SWIMMING.

DATE

SIGNATURE OF EXAMINING PHYSICIAN

PLEASE PRINT NAME OF APPLICANT (LAST) (FIRST) (MI)

DATE OF BIRTH

PLACE OF BIRTH

PARENT'S OR GUARDIAN'S APPROVAL

I hereby give my consent for the aforementioned swimmer to engage in practices and meets with the Naples Tiger Sharks Swim Team.

DATE

SIGNATURE OF PARENT/GUARDIAN

PRIVACY ACT NOTICE

AUTHORITY: Title V, USC, Section 301

PRINCIPAL PURPOSE: To obtain written parental/sponsor permission for physical examination of swimmers participation in program.

ROUTINE USES: Used for legal authority for physical examination of students to insure physical fitness to participate in Naples Tiger Sharks Swim Team.

MANDATORY/VOLUNTARY DISCLOURE/EFFECT OF NON-DISCLOSURE: Mandatory/Non-disclosure/non-authorization will result in swimmers not being accepted for participation in athletic events.