

NORTHVILLE CHRISTIAN SCHOOL  
ATHLETIC DEPARTMENT

**Sports Physical Waiver**

Athlete Name \_\_\_\_\_

I have scheduled a sports physical for my child on the date of \_\_\_\_\_  
and understand that this form is not a replacement for the sports physical form.

My child's updated health physical is located in their CA60 file in the school office.

My child is in good health and has no physical limitations or illnesses which would prohibit his/her full participation in practices and games. I realize that NCS cannot guarantee his/her safety or assure responsibility for accidents or unforeseen incidents which may occur during this program. Failure to provide the physical will result in exclusion until one is provided.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date signed