

DELAWARE INTERSCHOLASTIC ATHLETIC ASSOCIATION

Parents/Guardian: The DIAA pre-participation physical evaluation and consents form is a five page document. Pages one, two and four require your signature while page five is a reference for you to keep. This physical evaluation must be completed after April 1 of the current year playing sports and runs through June 30 of the following year.

Athlete: _____ Phone: _____ School: _____

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

Parent/Guardian Name: (Please Print) _____

PARENT/GUARDIAN CONSENTS

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

If you check any sport in this box it means the athlete <u>will not</u> be permitted to participate in that sport.					
Collision		Contact		Non-Contact	
<input type="checkbox"/> football	<input type="checkbox"/> ice hockey	<input type="checkbox"/> volleyball	<input type="checkbox"/> softball	<input type="checkbox"/> cross country	<input type="checkbox"/> tennis
<input type="checkbox"/> soccer	<input type="checkbox"/> boys' lacrosse	<input type="checkbox"/> field hockey	<input type="checkbox"/> baseball	<input type="checkbox"/> swimming	<input type="checkbox"/> golf
<input type="checkbox"/> wrestling		<input type="checkbox"/> basketball	<input type="checkbox"/> girls lacrosse	<input type="checkbox"/> track	<input type="checkbox"/> crew
		<input type="checkbox"/> squash		<input type="checkbox"/> cheerleading	

1. My permission extends to all interscholastic activities whether conducted on or off school premises. I have read and discussed page 5, which is the list of items that protect against the loss of athletic eligibility, with said participant and I will retain that page 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:** _____

2. 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:** _____

3. 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:** _____

4. By this signature, I hereby consent to allow the physician(s) and other health care providers(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 maybe used for injury surveillance purposes.
Parent Signature: _____ **Date:** _____

