

**Blessed Trinity Academy Athletic Association**  
**Physician's Release**

**Note:** The following release is required if the BTAAA either (1) does not have a release on file or (2) it has been at least 12 months since the release on file indicates the Student has last been examined by a Physician.

When completed, please either upload a scanned or photocopy of this signed document to the BTAAA electronic registration system or send a copy to [Athletics@btacademy.net](mailto:Athletics@btacademy.net) or to the Athletics mailbox in the school office.

Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

School Year: 2020-2021

**PHYSICIAN RELEASE:** A signed physician's release is **REQUIRED** to be submitted prior to a child's participation in a program.

\_\_\_\_\_ has been examined by me on \_\_\_\_\_ and my

examination found no medical reason to preclude his/her participation in competitive sports.

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_