

MEDICAL RELEASE TO PARTICIPATE IN P.A.L. SPORTS

ST. IGNATIUS SCHOOL
3245 Arden Way Sacramento, CA 95825
(916) 488-3907

GRADE: _____ in 2026-2027

I hereby certify that _____ was examined by me on
_____ and appears to be physically fit for organized sports.

Comments/limitations: _____

To be valid, please sign after June 15, 2026.

Physician's Signature: _____

Date: _____

When completed, please return to the school office. This form must be received by the school office before the student may participate in PAL sports including Little Dribblers. A new form must be completed each school year.