

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

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

GRADE: \_\_\_\_\_ in 2017-2018

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, 2017.

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

When completed, please return to school office, fax to (916) 488-0569, or email to Judy Yandell at [jyandell@stignatiussacschool.org](mailto:jyandell@stignatiussacschool.org) 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.