

St Albans Country Day School
2020-2021

Parochial Athletic League
Diocese of Sacramento

Doctor's Medical Release

I certify that _____ (student) is healthy and has no restrictions for participating in sports.

Doctor's Name (please print)

Doctor's Phone Number

Doctor's Signature

Date

Attention: Parents

Any student that wishes to participate in any team sport for the 2020-2021 school year **must** have a copy of this release form on file in the school office before the sport begins.

St. Albans Country Day School
2312 Vernon St., Roseville, CA 95678