

I give my permission for my student to get a FREE sports physical by a Rutherford Regional Health System doctor at Lake Lure Classical Academy on Tuesday May 15 after school from 3:00 - 5:00. If a student receives a sports physical the child must participate in at least one individual or team sport. If you have any questions please contact Coach Searcy at dsearcy@llca.school or (828)625-9292.

Student Name: _____

Parents Signature: _____

Date: _____