

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 Wednesday May 22 after school from 3:00 - 5:30. 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 [tsearcy@llca.school](mailto:tsearcy@llca.school) or (828)625-9292.

Student Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

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