

ACTIVITIES RELEASE
for
COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION (CHSAA)

Student's
Name: _____ Birthdate _____

School: _____

CLEARANCE

- Cleared
 - Cleared after completing evaluations/rehabilitation for:
 - Not cleared for:
 - Collision
 - Contact
 - Non-contact
 - Strenuous Moderately Strenuous Non-strenuous
-

Recommendation:

Name of Physician/PA/Nurse Practitioner/Certified-Registered Chiropractor

Address

Signature: _____ Date of Exam: _____
Authorization expires 365 days after this date.