



The Academy

AUTHORIZATION FOR ATHLETIC PARTICIPATION 2022-2023

JH Athletic Fee \$125. HS Athletic Fee \$150.

**Make checks payable to: The Academy
(All forms need to be signed by parent /legal guardian & athlete)**

Name _____ Grade _____

Date of Birth _____ Sports _____

Address _____ Phone _____

Name Parent/Legal Guardian _____

Best Parent/Legal Guardian Email Address _____

Insurance Waiver

This statement releases The Academy of financial responsibility in the case of accident/injury to my son/daughter while he/she is participating in interscholastic activities. I fully understand The Academy does not provide accident or health insurance coverage for participation in interscholastic activities. I further understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

I hereby certify that the above named student has the following insurance coverage: _____

Name of Insurance Company _____ Type of Insurance _____

Amount of coverage/co-pay\$ _____

I hereby certify that I assume full and complete financial responsibility for costs incurred due to any injury or accident occurring during participation in the athletic program.

Parent Signature _____ Date _____

Physical for Athletic Participation

You will need to submit a current copy of your sports physical.

Please fill out the backside of this form.

Again, it is understood that the third violation of these rules will result in the athlete's suspension from participation or contact with any team involved in interscholastic activity for an indefinite period of not less than one (1) calendar year. Following the one-year suspension, participation will be subject to the determination of the school principal. In making this determination, the principal shall be guided by considerations regarding the impact of the violation on the overall school program, the attitude of the athlete regarding the violation, the behavior of the athlete during the period of suspension, and such factors as may relate to the well-being of the individual athlete and the entire school program.

* This Athletic Code will follow the student their entire 4-year high school career.

* School suspension is separate from an Athletic Suspension and will be treated as such.

Participants are expected to conduct themselves in a commendable manner at all times in the school, the classroom, during interscholastic activities, and toward opponents, teammates, officials and spectators. Furthermore, the following behavior will not be tolerated: hazing, verbal abuse, including repeated use of lewd or obscene comments; ethnic or racial slurs; or derogatory statements addressed publicly to others that precipitate disruption to the school programs; or any intimidation on the basis of race, disability, religion, national origin, or gender.

Participants who violate this contract may be required to attend all practices, if not suspended from school, but may not dress in team uniform or compete in any performances or interscholastic competitions while suspended from school. For athletic contract purposes, scrimmages are not considered contests.

An athlete, who has been determined to be in violation of this code at the school, may be granted an appeal to a school-wide committee comprised of (1) the high school building principal, (2) the high school athletic director and, (3) two athletic coaches.

A student, who violates this participation contract out of season, including summer months, are subject to disciplinary action at the beginning of the next competitive season in which they participate. This contract is in effect from the signing date until the student officially graduates or transfers to another school.

We have read and we have thoroughly understood the rules given above regarding the conduct of an Academy high school athlete. We understand that these rules are important in helping the student become a good citizen with a high sense of moral integrity, a competitive spirit, and the ability to be honest and forthright in all endeavors. We understand and agree to abide by these rules.

Parent Signature _____ Date _____

Student Signature _____ Date _____

I acknowledge, agree and understand that The Academy does not insure, endorse, approve or sponsor any form of non-school transportation, whether by parents, student or otherwise, to and from The Academy off-campus activities or events. I acknowledge it is my responsibility to provide or arrange for my child's transportation to events when transportation through The Academy is not available. I consent to my child's use of a means of transportation, including private vehicles driven by parents, and, if applicable, consent to my child's use of a vehicle to transport himself/herself to off-campus even thereby waive, release, discharge and agree to hold harmless and indemnify The Academy, its agents, employees, insurers and Board of Education, from any claim, cause of action, damage, injury, or demand of any nature, including bodily injury, property damage or death, arising from or sustained during or as a result of my child's utilization of or participation in any non-school transportation, whether furnished by us, our student, another student, another adult or otherwise.

Parent Signature _____ Date _____

The Academy Athletic Code

It's understood that athletes are responsible for knowing school rules for proper behavior. Athletes are on notice of the following specific rules and penalties:

1. Prior to imposition of any suspension from athletes, the principle or designee (School administrator) shall have an informal conference with the athlete regarding claims that one or more rule(s) have been violated, and the athlete's response to such claim.
2. Consumption or possession of alcoholic beverages, use or possession of steroids other than as prescribed or by someone other than a person named in a prescription, use or possession of controlled substance of any kind, or of tobacco, is strictly prohibited for athletes. Violation of these rules will subject an athlete to suspension from participation in athletics, in addition to other penalties imposed under law or pursuant to board or school policies, procedures, rules or regulations.

*The first violation will result in a suspension for a time frame of 1/5 of the sports season. If suspension results in an athlete missing a tournament or a qualifying contest required advancing in an individual sport, it shall count two contests.

*A second violation occurring at any time during a student's attendance at The Academy will result in an immediate suspension from twice as many contests as are provided for the first violation.

Where drugs or alcohol are involved in both violations, the students must demonstrate evidence of participation in an alcohol or drug treatment program prior to returning to competition. The parent will incur the cost associated with participating in said program.

*A third violation and any subsequent violation occurring at any time during a student's attendance at The Academy will result in an immediate suspension from all interscholastic athletics for one full year from the date of the infraction.

Permission for Medical Treatment

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or the hospital personnel to attend my son/daughter. Every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Parent Signature _____ Date _____

Warning to Parents and Student

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make a choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will eliminate all risks of injury. Athletic participation by students also may be inherently dangerous.

Athletes have the responsibility of reporting their injuries/illnesses to their parents, coaches and, as appropriate, the sports medicine staff/ certified athletic trainer at their high school. I realize that my physical condition is dependent upon accurate medical history and disclosure of all symptoms, complaints, prior injuries and/or any disabilities. I affirm that I have fully disclosed any prior medical conditions and will disclose any future conditions to my parent, and coaches and, as appropriate, the sports medicine staff/certified athletic trainer at my high school. I also understand the importance of immediate reporting of symptoms to my parents, coaches and, as appropriate, the sports medicine staff/certified athletic trainer.

By granting permission for my students to participate in athletic competition, I acknowledge that such risk exists. I hereby give my consent for my son/daughter to compete in athletics in Colorado High School Activities Association approved sports, and I have read and understand this form.

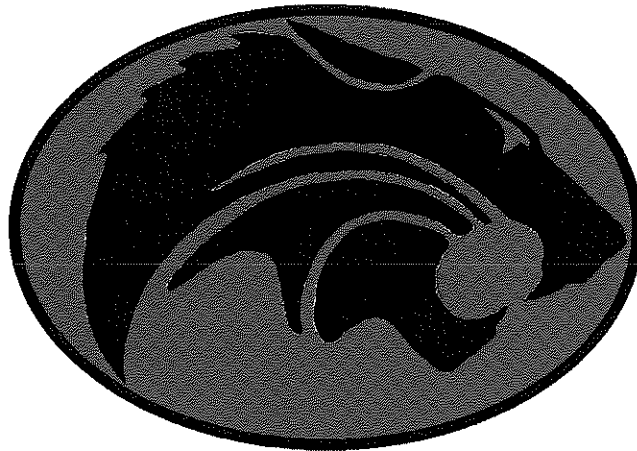
Parent Signature _____ Date _____

By choosing to participate, I acknowledge that such risk exists.

Student Signature _____ Date _____

Transportation Notice and Release

There will be times when The Academy does not provide transportation for students to and from activities, events, matches and games. It is the responsibility of the parent/guardian of the student to arrange the student's transportation to and from practices and events, matches and games. When transportation is not available and other alternative forms of transportation are utilized, The Academy cannot and does not assume any responsibility for the safety, training of drivers, condition of vehicles, and adequacy for the use of purpose intended or any other matters related to any non-school transportation.



Athletic Handbook Signature Page for Parents and Athletes 2022-2023

PARENT & ATHLETE ACKNOWLEDGEMENT

The parent and the athlete both acknowledge that they have read The Academy Athletic Handbook and the CHSAA brochure (located on the CHSAA website; chsaanow.com) and will abide by these guidelines/practices. **Signatures are required by both parent and athlete. This form must be turned in with your athletic fees, physical, and athletic forms to the athletic administrative assistant before the start of practices for your sport.**

Print Parent Name

Print Athlete Name

Parent Signature

Date

Athlete Signature

Date

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Academy of Charter School has put in place preventative measures to reduce the spread of COVID-19; however, The Academy **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending in-person instruction and activities/sports in The Academy facilities could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending in-person instruction and activities/sports at The Academy facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Academy facilities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Academy employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at The Academy facilities or participation in The Academy activities/sports ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the The Academy, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the The Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any activity at The Academy.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Print Student Name(s)

Sport(s): _____

Season: Fall _____ Winter _____ Spring _____ Spirit _____

JH _____ HS _____



Athletic Emergency Information Form (Form must be filled out completely by parent or legal guardian)

Name of Athlete _____
(Print)

Parent/Guardian _____

Parent/Guardian email: _____
(Print)

Signature _____ Date _____
Home Phone _____

Address _____

Father Cell/Work _____

Mother Cell/Work _____

Person to contact in case a parent/guardian cannot be reached:

Name _____

Relationship to Athlete _____ Phone _____

Do you have any of the following conditions?

Allergies Yes No If yes, to what? _____

Asthma Yes No

Diabetes Yes No

Seizures/Epilepsy Yes No

Concussions Yes No If yes, date/grade ____/____ date/grade ____/____ date/grade ____/____

Do you have any previous or existing injuries/surgeries/conditions that might affect your athletic/ powder puff participation?

If yes, describe: _____

I give the health care provider (e.g. athletic trainer, physician, physician assistant) and Children's Hospital Colorado, as necessary at _____ School permission to evaluate and treat common injuries/wounds that might occur as a result of participating in athletics/powder puff. In the absence of the certified athletic trainer, the coach will use his/her best judgment to assist the injured athlete. I have read and understand the Medical Disclaimer on the bottom of this document.

EMERGENCY CARE:

In the event of an emergency, the coach is responsible for the following:

- A. Caring for the athlete. (Notify athletic trainer).
- B. Contact parents or guardian of the athlete. Contact person designated on emergency card if parent or guardian cannot be reached,
- C. If needed, seek professional care for the athlete.
- D. If needed, call "911".
- E. Notify the school Athletic Director.

MEDICAL DISCLAIMER:

Athletes have the responsibility of reporting their injuries/illnesses to their coach and the sports medicine staff/certified athletic trainer at their high school. I realize that my physical condition is dependent upon accurate medical history and disclosure of all symptoms, complaints, prior injuries and/or any disabilities. I affirm that I have fully disclosed any prior medical conditions and will disclose any future conditions to my coach and the sports medicine staff/certified athletic trainer at my high school. I also understand that by participating in my sport there is a possibility that I could suffer a head injury/concussion. I understand the importance of immediate reporting of symptoms to the sports medicine staff/certified athletic trainer.

Parent/Guardian Signature _____

Date _____

Student Athlete Signature _____

Date _____

**THE ACADEMY
TRANSPORTATION CONSENT, RELEASE AND ASSUMPTION OF RISK FORM
FOR SCHOOL-SPONSORED ACTIVITIES**

Student First/Last: _____ School: The Academy

Activity(s) student participating: _____ Grade: _____

I, the undersigned parent/guardian of the above-referenced student, hereby consent to the student's participation in the above-referenced activity and acknowledge that such activity may take place away from the school. Though the school will provide transportation for students to and from school-sponsored activities when possible, it is unable to do so on every occasion. I hereby acknowledge and understand that when the school provides transportation to and from a school-sponsored activity, the school generally requires the student to use such transportation. If I nonetheless decide that my student will not use such transportation or if the school transportation is not available for the student to and from the school-sponsored activity, I hereby acknowledge that it is my responsibility to arrange alternative, non-school transportation for the student. Toward this end, in addition to transportation provided by me, I hereby give my permission for the student to:

- _____ Be transported in a private vehicle driven by a teacher or coach
- _____ Be transported in a private vehicle driven by another student's parent
- _____ Transport himself or herself in his or her personal vehicle

_____ I do not give my permission for the student to use any of the above-referenced non-District transportation (I understand that if I do not permit the student to use the above-referenced alternative, non-school transportation to and from school-sponsored activities, the student will be restricted to transportation provided by me).

The student and I hereby acknowledge and agree that the school does not insure, endorse, approve or sponsor any form of alternative, non-school transportation to or from school-sponsored activities. Furthermore, we acknowledge, understand, and agree that, in the case of transportation by private vehicle, the insurance carried by the private vehicle's owner is the primary insurance coverage. We hereby assume the risk of accident or injury in connection with alternative, non-school transportation to or from school-sponsored activities and hereby release and waive any and all claims against the school and any of its board members, employees or agents in connection with any and all loss or damage incurred as a result of or in any way related to such alternative, non-school transportation. Finally, we hereby waive, release, discharge and agree to indemnify and hold the school, its board members, employees and agents harmless from any claim, cause of action, damage, injury or demand of any nature, including bodily injury, property damage or death, arising from or sustained during or as a result of the undersigned student's use of alternative, non-school transportation to and from school-sponsored activities.

CARPOOL: The following information must be obtained in instances when private transportation (carpool) is utilized for student activity travel:

Driver's Name _____ Driver's Address _____
Make of Vehicle(s) _____ License Number of Vehicle _____
Operator's License Number _____

The following conditions must be complied with before transporting students:

1. A minimum Liability Insurance coverage of \$100,000/\$300,000 bodily injury per person or \$500,000 combined single limits; \$25,000 property damage.
2. The possession of a valid Colorado driver's license.
3. Seat belts must be used.
4. Number of passengers shall not exceed capacity of vehicle.
5. A valid emission sticker on transporting vehicle.
6. Observance of all local and state traffic regulations.

We hereby acknowledge that we have thoroughly read and understand the statements and conditions stated herein and agree to the terms of this Consent, Release, and Assumption of Risk. My signature signifies compliance with all the above statements.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Important information regarding Sports Physicals

2 options for submitting a Sports physical

Option 1: Use CHSAA Form 1 A (front & back must be completed and signed by doctor).

Option 2: Doctor Note on their letter head with the following information:

- a. Date of physical
- b. Indicate student cleared to participate in sports
- c. Doctors Signature



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date _____ Exp. Date (good for 365 days) _____

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for _____ to compete in athletics for High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the Competitor's Brochure.

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the Competitor's Brochure.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

PHYSICIAN SIGNATURE REQUIRED ON BACK

PART II - MEDICAL HISTORY
 This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Check questions you don't know the answers to.

| YES | NO | YES | NO |
|--------------------------|--------------------------|---|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Have you ever had herpes skin infection? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Have you ever had a head injury or concussion? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Date of last head injury or concussion: | |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Have you ever been hit in the head and been confused or lost your memory? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Have you ever been knocked unconscious? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Have you ever had a seizure? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Do you have headaches with exercise? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. When exercising in heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 44. Have you had any other blood disorders or anemia? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 45. Have you had any problems with your eyes or vision? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 46. Do you wear glasses or contact lenses? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 47. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 48. Are you happy with your weight? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 49. Are you trying to gain or lose weight? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 50. Do you limit or carefully control what you eat? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 51. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 52. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 53. What is the date of your last Tetanus immunization? Date: _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 54. FEMALES ONLY: Have you ever had a menstrual period? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 55. Age when you had your first menstrual period? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 56. How many periods have you had in the last 12 months? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 57. Do you take a calcium supplement? Explain "Yes" answers here: | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? (Include within the last three months) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Have you ever had mono or any illness lasting more than two weeks? | <input type="checkbox"/> |

Parent/Guardian Signature: _____
 Athlete's Signature: _____

PART III - PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____
 HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____
 *Tanner Stage or Maturation Index? (males only): _____ BP: _____
 *Percent Body Fat: _____
 *Audiogram _____
 * Vision: Corrected (L) _____ (R) _____ (Both) _____
 Uncorrected (L) _____ (R) _____ (Both) _____

| | N | Abnormal | N | Abnormal |
|-----------------------------|---|----------|--------------------------------------|----------|
| Eyes | | | Cervical Spine/neck | |
| Ears | | | Back | |
| Throat | | | Shoulders | |
| Teeth | | | Arm/elbow/wrist/hand | |
| Skin | | | Knees/feet | |
| Lymphatic | | | Ankle/feet | |
| Lungs | | | Marfan Screen | |
| Heart | | | *J/line | |
| Peripheral pulses | | | Hemoglobin or HCT and or Iron stores | |
| Abdomen | | | Echocardiogram | |
| Genitalia/hemla (male only) | | | Neurologic Testing | |
| | | | ^Pelvic Examination | |

*WHEN MEDICALLY INDICATED
 (Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)
 ^WITH SPECIAL INDICATIONS
 (These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.
 CLEARED WITHOUT RESTRICTIONS
 Cleared AFTER further evaluation or treatment for:
 Not cleared for (specific sports):
 Cleared only for (specific sports):
 Reason(s): _____
 NOT CLEARED FOR PARTICIPATION:
 Reason(s): _____
 Other Recommendations:
 Recommend monitoring during early conditioning because of weight/fitness/other
 Recommend restrictions or monitoring of weight loss or gain
 Other Reasons: _____

MD/DO, PA, NP, DE-SPC#, Signature: _____ Date Signed: _____
 Date of Examination: _____
 NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print): _____

Address: _____ City: _____ State: _____ Zip: _____