



2022-2023

ATHLETIC HANDBOOK

FOR PARENTS AND ATHLETES

PARENT/ATHLETE ACKNOWLEDGMENT

The parent and the athlete both acknowledge that they have read The Academy Athletic Handbook and the CHSAA brochure (www.chsaanow.com) and will abide by these guideline practices.

PRINT PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINT STUDENT NAME: _____

STUDENT SIGNATURE: _____ DATE: _____



The Academy
AUTHORIZATION FOR ATHLETIC PARTICIPATION 2022-2023

MS Athletic Fee \$125.00 **HS Athletic Fee \$150.00** Make checks payable to: The Academy

Athlete Name _____ **Grade** _____ **Date of Birth** _____

WHICH SPORTS WILL YOUR ATHLETE BE PLAYING?

(Please check all that may apply)

FALL SPORTS

HS Boys football ___ MS Boys Football ___ HS Boys Soccer ___ MS Boys Soccer ___ HS Girls Volleyball ___
MS Girls Volleyball ___ HS Cross Country ___ MS Cross Country ___ Girls Softball ___ Cheer ___

WINTER SPORTS

HS Boys Basketball ___ MS Boys Basketball ___ HS Girls ___ Basketball ___ MS Girls Basketball ___

SPRING SPORTS

HS Boys Baseball ___ HS Girls Soccer ___ MS Girls Soccer ___ HS Track & Field ___ MS Track & Field ___

Parent/Legal Guardian: _____ **Phone #:** _____

Parent/Legal Guardian Email: _____

Primary 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:

Insurance Company: _____ **Type of Insurance:** _____

Policy #: _____ **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: _____

**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. 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.

I hereby give my student 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:

- | | |
|---|--|
| <ol style="list-style-type: none">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 <u>must</u> be used. | <ol style="list-style-type: none">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: _____

Athletic Emergency Information Form

(This form **MUST** be filled out Completely by parent/guardian)

ATHLETE NAME _____ NICKNAME _____ GRADE _____

What Sports will your Athlete be playing? _____

PARENT/GUARDIAN NAME: _____ PARENT EMAIL: _____

RELATIONSHIP TO ATHLETE: _____ FOREIGN EXCHANGE STUDENT: Y__ N__

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PARENT WORK #: _____ PARENT CELL #: _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE #: _____

(In case parent or guardian cannot be reached)

PLEASE CIRCLE: Y or N

ASTHAMA: Y N DIABETES: Y N SEIZURES/EPILEPSY: Y N

ALLERGIES: Y N IF yes, to what? _____

CONCUSSIONS: Y N If yes, please list dates and grades _____

Do you have any previous or existing injuries/surgeries/conditions that might affect your athletic/Powder Puff participation? Y N

If yes, describe: _____

EMERGENCY CARE:

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

*Caring for athlete and **notify** the athletic trainer *Contact parent or guardian or designated contact if they cannot be reached *If needed, seek professional care for the athlete and/or call 911 *Notify the 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. understand the importance of immediate reporting of symptoms to the sports medicine staff/certified athletic trainer

I give the health care provider (e.g. athletic trainer, physician, physician assistant) and Children's Hospital Colorado, as necessary for The Academy of Charter 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 trainer, the coach will use his/her best judgement to assist the injured athlete.

PARENT SIGNATURE _____ DATE _____

STUDENT 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.

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. _____

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.

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

Parent Signature _____ Date _____

Student 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 _____

Signature of Student _____ Date _____

Printed name of Student _____ Date _____

Signature of Student _____ Date _____



1a

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

MEDICAL HISTORY OF STUDENT & FAMILY		YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY		YES	NO
1.	Have you ever had a seizure or convulsion?	<input type="checkbox"/>	<input type="checkbox"/>	32.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you ever had herpes shingles infection?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently taking any prescription or non-prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have allergies to medicines, pollens, foods or anything else?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Date of last head injury or concussion:		
5.	Do you have prescriptions for use of aspirin, ibuprofen, acetaminophen, or other pain relievers?	<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"/>
6.	Have you ever passed out or nearly passed out during a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	37.	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever had discomfort, pain, or pressure in your chest during a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever had difficulty breathing or difficulty swallowing after a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Have you ever had numbness, tingling, or weakness in your arms or legs after a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does your heart race or skip beats during a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Have you ever been unable to move your arm or leg after a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High cholesterol <input type="checkbox"/> High triglycerides <input type="checkbox"/> High blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	42.	When exercising, do you ever have severe muscle cramps or muscle pain?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Has a doctor told you that you or someone in your family has diabetes or had or diabetic relatives?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	44.	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Has anyone in your family ever had a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Has any family member or relative died of a heart problem or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does anyone in your family have heart disease or a heart condition?	<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"/>
17.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	48.	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever had an injury?	<input type="checkbox"/>	<input type="checkbox"/>	49.	Are you going to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you ever had an injury, like a sprain, muscle or ligament tear, or laceration that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	50.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you had any broken or fractured bones?	<input type="checkbox"/>	<input type="checkbox"/>	51.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you had a brain or joint injury that resulted in a cast, brace, or other medical device?	<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"/>
22.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	53.	What is the date of your last Tuberculin Immunization?		
23.	Have you ever had an X-ray of your neck for athletic-related activities? Or have you ever been told that you have had disorder or any medical problem?	<input type="checkbox"/>	<input type="checkbox"/>	54.	What is the date of your last Tuberculin Immunization?		
24.	Do you regularly use a brace or cast on a limb?	<input type="checkbox"/>	<input type="checkbox"/>	55.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	56.	Age when you had your first menstrual period?		
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	57.	How many periods have you had in the last 12 months?		
27.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	58.	Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Have you ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>	59.	Explain "Yes" answers here:		
29.	Have you been without or are you missing a limb, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>				
30.	Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>				
31.	Have you ever had mono or any illness during the last three months?	<input type="checkbox"/>	<input type="checkbox"/>				

Athlete's Signature:

PART III -- PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____ DOB: _____
 HEIGHT: _____ SEX: _____ AGE: _____
 * Tanner Stage or Maturation Index? (males only): _____ BPI: _____
 * percent Body Fat _____
 * Audiogram _____
 * Vision Corrected (L) _____ (R) _____
 Uncorrected (L) _____ (R) _____
 Piles: * (rest) _____
 * (Exercise) _____
 * (Recovery) _____
 * FEV or Peak _____
 Flow (rest) _____
 * (Exercise) _____
 * (Recovery) _____

	N	Abnormal	N	Abnormal
Eyes			Cervical Spine/neck	
Ears			Back	
Nose			Shoulders	
Throat			Arm/elbow/wrist/hand	
Teeth			Knees/hips	
Skin			Ankle/feet	
Lymphatic			Marian Street	
Urnas			WJfms	
Heart			*Hemoglobin or HCT and or Iron stores	
Peripheral pulses			*Echocardiogram	
Abdomen			*Neurospyc Testing	
Genitalia/hamla (male only)			*Papcye Examination	

(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: _____

☐ Cleared for Limited participation (check and explain "reason" for all that apply):

☐ Not cleared for (specific sports): _____

☐ Cleared only for (specific sports): _____

☐ NOT CLEARED FOR PARTICIPATION.

☐ 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 of Examination: _____

Date Signed: _____

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree (print):

Address _____ City _____ State _____ Zip _____