

VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

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ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year MAY 1 of the current year through JUNE 30 of the succeeding year.

For school year _____

PART I- ATHLETIC PARTICIPATION
(To be filled in and signed by the student)

Male _____
Female _____

PRINT CLEARLY

Name _____ Student ID# _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade. Last semester I attended _____ School and passed _____ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

→Student Signature: _____ Date: _____

PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

PART II- MEDICAL HISTORY (Explain "YES" answers below)

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.

Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO		
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>				
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25. Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>				
3. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>				
4. Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>				
5. Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>	28. When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>				
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
7. Have you ever spent the night in the hospital? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>				
8. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>				
HEART HEALTH QUESTIONS ABOUT YOU			32. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>				
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>				
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>				
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>				
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>				
13. Has a doctor ever told you that you have any heart problems, including: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>				
			38. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>				
			39. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>				
			40. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>				
			41. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>				
			42. Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>				
			43. Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>				
			44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____						
14. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		YES	NO			
15. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	45. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			46. Age when you had your first menstrual period: _____						
16. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	47. Number of periods in the last 12 months: _____						
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>	48. When was your most recent menstrual period? _____						
18. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS BELOW						
			#	>>					
			#	>>					
			#	>>					
			#	>>					
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	#	>>					
BONE AND JOINT QUESTIONS			#	>>					
20. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	#	>>					
21. Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	List medications and nutritional supplements you are currently taking here:						
MEDICAL QUESTIONS								YES	NO
22. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>							
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>							

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

PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)**

NAME _____ DATE OF BIRTH _____ SCHOOL _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/ L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

☐ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION

☐ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:

☐ MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: _____

Reason: _____

☐ NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF: _____

☐ NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: _____ (MD, DO, NP or PA)+ DATE**: _____

EXAMINER'S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:

Name of medical insurance company: _____

Policy number: _____ Name of policy holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855-242-8282.

PART V- EMERGENCY PERMISSION FORM*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: _____ GRADE: _____ AGE: _____ DOB: _____

HIGH SCHOOL: _____ CITY: _____

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: _____

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? _____ LIST THE EMERGENCY MEDICATION: _____

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? _____ IF SO, WHAT? _____

DOES THE STUDENT WEAR CONTACT LENSES? _____ DATE OF LAST Tdap OR Td (TETANUS) SHOT: _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

CELL PHONE NUMBER: _____

→ **SIGNATURE OF PARENT/GUARDIAN:** _____ **DATE:** _____

RELATIONSHIP TO STUDENT: _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ **I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT:** _____

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

2023-2024

ATHLETIC PREPARTICIPATION FORMS

Sudden Cardiac Arrest In Sport

What is cardiac arrest?

Cardiac arrest is the sudden loss of heart function that results in an individual's loss of consciousness. Cardiac arrest is a true medical emergency and must be treated immediately to increase the likelihood of survival. Cardiac arrest can occur at any age and may appear suddenly, or after an individual experiences warning signs. It is not the same as a heart attack. Sudden cardiac arrest is the number one cause of exercise related death in youth athletes.

Who is at risk for sudden cardiac arrest?

Risk Factors	Warning Signs That May Lead to Cardiac Arrest
<ul style="list-style-type: none"> Family history of heart disease, attack, or cardiac death Cardiac conditions such as high blood pressure, diabetes, obesity, smoking or high cholesterol Underlying or unknown cardiac condition 	<ul style="list-style-type: none"> Unexplained fainting or near fainting Chest Pain or Tightness Heart racing (chest palpitations) Abnormal shortness of breath Lightheadedness

Sudden Cardiac Arrest Association (n.d.). Fact Sheet: Sudden Cardiac Arrest [Fact sheet]. Microsoft Word - Fact Sheet SCA 2011.doc (associationdatabase.com)

What Should you do if you think your child is at risk?

If you think your child may have risk factors, or has exhibited warning signs of cardiac arrest, you should -

- ✓ Remove your child from physical activity
- ✓ Schedule an appointment to see your primary care physician or family doctor
- ✓ Do not allow your child to participate in any physical exertion until cleared by a physician

What is done in a sudden cardiac arrest emergency?

- ✓ Check the scene and for a response from patient
- ✓ Call 911
- ✓ Ask someone to get an Automated External Defibrillator (AED), if available
- ✓ Begin CPR (cardiopulmonary resuscitation)

How does Norfolk Public Schools Athletics prepare for a sudden cardiac arrest emergency?

As with all emergencies, Norfolk Public Schools Athletics works to prepare for sudden cardiac arrest:

- ✓ Each High School & Middle School has an *Emergency Action Plan* in place that is reviewed annually by coaches, medical personnel, and staff
- ✓ Each coach and athletic staff member must hold a First Aid, CPR, and AED certification from a nationally recognized organization
- ✓ Automated External Defibrillators are available within each of our schools
- ✓ Policies in place to encourage safe participation in various environmental hazards
- ✓ Preparticipation exams (physicals) are required annually for each student-athlete prior to participation in activity

While these prevention strategies are in place for everyone's safety, Norfolk Public Schools cannot guarantee that a cardiac emergency will not occur. Furthermore, participating in athletics could increase your child's risk.

By signing this document, I have received the educational information above and that I have reviewed the risk factors and warning signs of cardiac arrest.

Print Name: Parent/Guardian

Signature: Parent/Guardian

Date

Print Name: Athlete

Signature: Athlete

Date

The code of Virginia requires all school divisions to provide educational material regarding cardiac arrest to student-athletes and their parent or guardian on an annual basis. This fact sheet is provided in accordance with § 22.1-271.8. Sudden cardiac arrest prevention in student-athletes.

CONTINUE TO NEXT PAGE

Concussions In Sport

Parents/Guardians of Athletes: In order to help protect the student athletes of Norfolk Public Schools, the Virginia General Assembly in accordance with **Senate Bill 652** (Concussion in Student-Athletes) has mandated that all student athletes, parents and coaches follow the Norfolk Public Schools Concussion Policy. *Please read and sign this fact sheet and return it to your school's Athletic Director prior to participation in any school sponsored athletic activity.* This form **must** be reviewed and signed on a yearly basis.

What is a Concussion?

A concussion is a brain injury, otherwise known as a traumatic brain injury (TBI). A concussion is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e. a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term outcomes of the injured individual. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long term problems. In rare cases, repeat concussion can result in edema (brain swelling), permanent brain damage, and even death.

What are the Signs and Symptoms of a Concussion?

Signs observed by teammates, coaches, parents/guardians include:

1. Appears dazed or stunned	5. Loss of balance/coordination and moves clumsily
2. Is confused about assignments and positions	6. Shows mood, behavior, or personality changes
3. Forgets instructions and answers questions slowly or inaccurately	7. Cannot recall events prior to hit or fall
4. Is unsure of game, score, or opponent	8. Cannot recall events after hit or fall

Symptoms reported by athlete may include one or more of the following:

1. Headache or "pressure" in head	6. Difficulty with concentration, short-term memory and/or confusion
2. Nausea/vomiting	7. Double vision or changes in vision
3. Balance problems or dizziness	8. Irritability
4. Sensitivity to light or sound/noise	9. Just not "feeling right" or is "feeling down"
5. Feeling sluggish, hazy, groggy, or foggy	

How can you Help your Child Prevent a Concussion?

Every sport is different, but there are steps your child can take to protect themselves from concussion:

- Follow the coach's rules for safety & the rules of the sport
- Properly wear the right protective equipment that is required for their sport
- To always practice good sportsmanship
- Learn the signs and symptoms of a concussion

How can a concussion affect my child in the classroom?

A concussion can result in cognitive disturbances, in addition to physical symptoms. While recovering from a concussion, a student-athlete's academic performance, or ability to tolerate an academic environment, may be affected. In order to facilitate recovery, a Licensed Healthcare Provider may make temporary academic adjustments, or accommodations.

Effects of concussion that can be observed by a teacher, or in the classroom:

1. Difficulty tolerating the school environment/cafeteria/hallways	6. Changes in academic performance
2. Difficulty concentrating	7. Trouble with test taking
3. Difficulty remembering	8. 'Daydreaming'
4. Falling asleep	9. Less engaged in class and/or with classmates
5. Head on desk	

What Should you do if you Think your Child has a Concussion?

1. Seek medical attention right away. A licensed health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until an appropriate licensed health care professional gives clearance to return. Children who return to play too soon, while the brain is still healing, risk a greater chance of having a second concussion. Second or later concussions can be very serious. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences.
3. Tell your child's coach about any recent concussions. School personnel should be notified if your child had a recent concussion in any sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Brief Overview of the Norfolk Public Schools Concussion Policy

A student-athlete who sustains a concussion must complete all of the following prior to return to participation in NPS athletics:

1. Return to full participation in academic activities, without accommodations/adjustments
2. Six-stage Graduated Return to play Protocol
3. Have been seen, and released, by a physician who has been trained in concussion management
4. Receive final clearance from the school's Athletic Trainer

By signing this document, I acknowledge that I have reviewed the signs and symptoms of a concussion, agree to report a concussion, and agree to follow the NPS Concussion Policy (Full version available to view in Student Handbook).

_____	_____	_____
Print Name: Parent/Guardian	Parent/Guardian Signature	Date
_____	_____	_____
Print Name: Athlete	Athlete Signature	Date

***REMEMBER: Don't hide it. Report it. Take time to recover.
It's better to miss one game than the whole season!***