



Fontana Unified School District

9680 Citrus Avenue · P.O. Box 5090 · Fontana · CA 92334-5090 (909) 357-5000

Athletic Player Clearance 2013-2014

Name: _____

Grade: _____

ID# _____

Birth Date: _____

Current Sport: _____

Emergency Insurance Information and Consent Form _____

Concussion Information Sheet Signature _____

Concussion Baseline Test Consent Form _____

Assumption of Risk Acknowledgement _____

Extra-Curricular Drug Testing Acknowledgement _____

Current Physical _____

Copy of Insurance Card _____

CIF Code of Ethics _____

Pursuing Victory with Honor Code of Conduct _____

Non-Discrimination Notification (for student handbooks and activity flyers)

The Governing Board desires to provide a safe school environment that allows all students equal access and opportunities in the district's academic and other educational support programs, services, and activities. The Board prohibits, at any district school or school activity, unlawful discrimination, harassment, intimidation, and bullying of any student based on the student's actual race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identification, or gender expression; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics.

Prohibited discrimination, harassment, intimidation, or bullying includes physical, verbal, nonverbal, or written conduct based on one of the categories listed above that is so severe and pervasive that it affects a student's ability to participate in or benefit from an educational program or activity; creates an intimidating, threatening, hostile, or offensive educational environment; has the effect of substantially or unreasonably interfering with a student's academic performance; or otherwise adversely affects a student's educational opportunities.

The Board also prohibits any form of retaliation against any student who files a complaint or report regarding an incident of discrimination, harassment, intimidation, or bullying.

Board Policy 5145.7 protects students at all grade levels. **E.C. 200-262.4 Prohibition of discrimination**

The Board prohibits intimidation or harassment of any student by any employee, student or other person in the district. Staff shall be alert and immediately responsive to student conduct, which may interfere with another student's ability to participate in or benefit from school services, activities or privileges. *California Code of Regulations, Title 5 Section 4600 through 4645.3(a)*.

Free inquiry and exchange of ideas are essential parts of a democratic education. The Governing Board respects students' rights to express ideas and opinions, take stands, and support causes, whether controversial or not. Student liberties of expression shall be limited on a nondiscriminatory basis only as allowed by law in order to maintain an orderly school environment and to protect the rights, health and safety of all members of the school community. Prior restraint shall be exercised only when student expression violates the limitations set forth in this policy.

In keeping with the California Education Code, the Board prohibits any expression or materials, which are obscene, libelous or slanderous according to current legal definitions. The Board, likewise, prohibits expression or materials, which demonstrably incite students to commit unlawful acts on school premises, violate school rules, or substantially disrupt the school's orderly operation.

Printed materials or petitions shall be distributed only at reasonable times and places in reasonable ways:

1. Before school begins, during lunchtime, and after dismissal.
2. In locations that do not obstruct the normal flow or traffic within school or at entrances.
3. Without due noise, and without any use of coercion.
4. Materials are not left undistributed or stacked for pickup while unattended at any place in the school or on school grounds.

Fontana Unified School District 2012-2013
Emergency Insurance Information and Consent

Student Information-

Name_____ID#_____
Phone_____Cell Phone_____Work Phone_____
Address_____City_____State_____

Parent Information-

Father's Name_____
Phone_____Cell Phone_____Work Phone_____
Address_____City_____State_____
Mother's Name_____
Address_____City_____State_____
Phone_____Cell Phone_____Work Phone_____

Medical Information - FILL IN ALL INFORMATION

Family Health Insurance_____
Policy #_____Group #_____ID #_____
Physician's Name_____Phone_____
Address_____City_____State_____

Please list any serious medical conditions or allergies:_____

Emergency Contacts-

Name_____Phone_____
Name_____Phone_____
Name_____Phone_____

Consent-

I/We hereby grant consent to any and all health care providers designated by my student's High School of attendance to provide my/our child_____any necessary medical care as a result of any injury/illness.

My/our insurance does not cover football.

I/We understand that it is my/our responsibility to maintain insurance for my/our child while he/she is participating in any sport.

Signature of Parent/Guardian_____Date_____



FONTANA UNIFIED SCHOOL DISTRICT
9680 Citrus Avenue P.O. Box 5090 Fontana CA 92334-5090

SPORT/CHEERLEADING

**WARNING, RELEASE,
ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS**

(Both the applicant student and a parent or guardian must read carefully and sign)

STUDENT

I am aware playing or practicing to play/participating in any sport or cheerleading can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above activities include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury to impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in sports, cheering and setting up may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

In consideration of the school district permitting me to try out for and participate in the _____ School _____ (indicate sport) team and to engage in all activities related to the team, including but not limited to, trying out, practicing or playing/practicing in that sport, I hereby assume all the risks associated with participation and agree to hold the school district, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the _____ School _____ (indicate sport) team. The terms thereof shall serve as a release and assumption of risk to my heirs, estate, executor, administrator, assignees, and for all members of my family.

Date

Signature of Student

PARENT

I, _____ am the parent/legal guardian of _____ (student) I have read the above warning and release and understand its terms. I understand that all sports can involve many RISKS OF INJURY, including, but not limited to those risks outlined above.

In consideration of the school district permitting my child/ward to try out for and participate in the _____ School _____ team and to engage in all activities related to the team, including _____ (indicate sport). I hereby agree to hold the school district, its employees, agents, representative, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise out of or in connection with participation of my child/ward in any activities related to the _____ School _____ (indicate sport) team. The terms hereof shall serve as a release from my heirs, estate, executor, administrator, assignees, and for all members of my family. It is also my consent to allow my child to participate in the activity.

Date

Signature of Parent or Legal Guardian



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EXTRA-CURRICULAR DRUG TESTING PROGRAM

In order to provide for the health and safety of students, to support students who say “no” to drug use, and to provide an opportunity for those taking drugs to receive help in locating programs which can provide assistance, the district will conduct mandatory random drug testing for all high school students who choose to participate in extra-curricular leadership programs.

(Board Policy 5131.61)

The identified student desires to participate in an extra-curricular leadership program and hereby agrees to be subject to its terms for the current school year. The student and parent/guardian accept the method of obtaining urine specimens, testing, and analysis of such specimens, and all other aspects of the program and agree to cooperate in furnishing any specimens that are required.

The student and parent/guardian agree and consent to the release of the sampling, disclosure of the testing, and results thereof for use by District employees’ in administrating the Drug Testing Program. The parent/guardian/student waive any privacy rights each may possess to the extent provided for by law, except information disclosed shall be used for program purposes.

Printed Student Name

Student ID #

Grade

Student Signature

School of Attendance

Parent/Guardian Signature

Date Signed

Please list all Extra-Curricular Leadership Activities you participate in below.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <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 Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION—PHYSICAL EXAMINATION FORM

Student's Name _____ Sex ____ Age ____ Date of Birth _____

Height ____ Weight ____ % Body Fat (optional) ____ Pulse ____ BP ____/____ (____/____, ____/____)

Vision R 20/____ L 20/____ Corrected Y N Pupils Equal Unequal

A physical examination is required every year prior to school athletic participation, please keep a copy for your records.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart/supine/standing			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*station-based examination only

+Having a third party present is recommended for the genitourinary examination

CLEARANCE

Cleared

Cleared after completing evaluation rehabilitation for _____

Not cleared for _____ Reason _____

Recommendations _____

Name of Health Care Provider (office stamp) _____ Date _____

Address _____ Phone _____

Signature _____ MD/PA/NP or DO

INSURANCE CARD

All athletes must provide a copy of his or her insurance card. Please make a photo copy of the insurance card and attach it to this packet

Insurance Card Attached

ASB CARD INFORMATION

All Fontana USD students must have a school I.D. In addition, they have the opportunity to purchase an ASB card. Athletes are encouraged to purchase an ASB card as part of their eligibility requirements.

All Athletes will be charged for any letter or pin received. Students who have purchased ASB Cards will purchase these awards at a deep discount. All others will be charged the cost of the award. Additionally, the ASB card is the means of gaining free admission to athletic events, plus discounts to all other school activities.

Additionally, the ASB card helps to fund all officials, official score keepers, time keepers, tournaments and all other game management costs. Without the revenue from ASB Card sales, ASB may not be able to fund athletics at the rate to which we are accustomed.

Please consult ASB Bookkeeper for the cost of ASB Cards.

ATHLETES PARTICIPATING IN MULTIPLE SPORTS

Athletes participating in multiple sports must fill out a returning player's packet. This packet consists of a new Emergency Card (with insurance information and copy of insurance card), an "Assumption of Risk" form and a "Code of Ethics" form. Athletes must be cleared through the Athletic Director's office for each sport in which they participate.

PLEASE FILL OUT
and SIGN



SCHOOLS ATTENDED

Have you EVER attended another High School? Yes

If yes, please list School _____ Sports played _____

Parents Signature: _____



Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Pursuing Victory With Honor

Code of Conduct for Student-Athletes

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the Six Pillars of Characters™). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that in order to participate in high school athletics, I must act in accord with the following.

TRUSTWORTHINESS

- **Trustworthiness** Be worthy of trust in all I do.
- **Integrity** Live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly
- **Honesty** Live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
- **Reliability** Fulfill commitments: do what I say I will do; be on time to practices and games
- **Loyalty** Be loyal to my school and team; put the team above personal glory

RESPECT

- **Respect** Treat all people with respect all the time and require the same of other student athletes.
- **Class** Live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
- **Disrespectful Conduct** Don't engage in disrespectful conduct of any sort including profanity obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- **Respect Officials** Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

- **Importance of Education** Be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
- **Role-Modeling** Remember, participation in sports is a privilege, not a right; and I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. Suspension or termination of the participation privilege is within the sole discretion of the school administration.
- **Self-Control** Exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
- **Healthy Lifestyle** Safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco, drugs, and performance-enhancing supplements or engage in any unhealthy techniques to gain, lose, or maintain weight.
- **Integrity of the Game** Protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

- **Be Fair** Live up to high standards of fair play; be open minded; always be willing to listen and learn.

CARING

- **Concern for Others** Demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
- **Teammates** Help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

- **Play by the Rules** Maintain a thorough knowledge of and abide by all applicable game and competition rules.
- **Spirit of Rules** Honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Student-Athlete Signature

Date

FONTANA UNIFIED SCHOOL DISTRICT

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• "Don't feel right"• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

FONTANA UNIFIED SCHOOL DISTRICT

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day."

and

"A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach and athletic trainer if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date