

2017 – 2018 MIRROR LAKE MIDDLE SCHOOL SPORTS & ACTIVITIES

INTERSCHOLASTIC and INTRAMURAL SPORTS

- Interscholastic activities are district-wide and students compete against other middle schools during the season.
- Intramural activities are held within the school. Students do not compete against other schools.
- Practice is generally from 3:00 p.m. - 4:30 p.m. Mon through Fri, and students are to be picked up by 4:45 p.m. However, depending on the sport, morning practices become necessary, and students are assigned either morning or afternoon practice. Morning practice is from 6:30-8:00.
- Sign-up deadlines for all paperwork to be turned in is the DAY PRIOR to the first day of practice. Students should turn paperwork in to the office by the end of the student's lunch period. More information on reverse side.

PHYSICALS/PARTICIPATION FORMS AND FEES

- Students must have a **current** physical in order to participate in interscholastic and intramural activities. Physicals are good for 12 months and **must** be valid throughout the entire sport.
- An ImPACT Concussion baseline test will be required prior to a student's first practice. The ImPACT test **must** be taken at school, under the supervision of a school district employee. A signed Parent and Student Acknowledgement and Consent form is also required. This is a one-time requirement; students will be able to participate in successive sports throughout their middle school career once they have an ImPACT assessment and form on file.
- Parents must sign a participation form for **each** sport and activity. **The form MUST be complete and all 12 paragraphs MUST be initialed for your student to participate.**
- A \$110 activity fee will be charged per interscholastic sport.
- There is a family cap: \$390 combined high school and middle school sports fees.
- There are no activity fees for intramural sports.

INTERSCHOLASTIC ACTIVITIES: \$110.00 FEE REQUIRED **dates are tentative**

Sign-up deadlines for all paperwork to be turned in is the DAY PRIOR to the first day of practice. Students should turn paperwork in to the office by the end of the student's lunch period. Deadlines will be announced on our video news. *Have your student tune in for updates.*

X-Country Running (boys/girls)	August 22 – October 6
Basketball (girls)	August 28 – October 12
Volleyball (girls)	October 17 – December 9
Wrestling (boys/girls)	October 16 – December 7
X-Country Skiing (boys/girls)	January 9 – February 28
Basketball (boys)	January 16 – March 1
Track and Field (boys/girls)	March 21 – May 9

INTRAMURAL ACTIVITIES: No Fee

Soccer (boys/girls)	September 5- September 30
Mountain Biking (boys/girls)	April 24 – May 19

ACADEMIC AND RECREATIONAL ACTIVITIES (dependent on sponsorship)

Battle of the Books	Jazz Band	School Play	National Junior Honor Society
Spelling Bee	Science Olympiad	After School Homework Activity	

****Dates are subject to change. Please see ASD or MLMS websites for activity dates****

Revised 7/31/17

Helpful Information

Online payments are available for sports fees, PE shirts & shorts, most class fees and lunch fees. Log into your Zangle ParentConnect account and select “Online Payments”. It’s easy, you can use your credit card, and the system keeps track of your total sports payments so you don’t exceed the family cap. Instructions are included in this packet.

Sign-up deadlines will be enforced. Please encourage your student to sign up for their sport **before** the first practice start date. Doing so gives them the full benefit of the season and coaching instruction. Deadlines will be announced regularly on the MLMS video news.

Participation forms, fees and accompanying paperwork must be turned into Mrs. DeFrees, in the front office, by the end of your student’s lunch break any day prior to the first day of practice. No paperwork will be accepted after lunchtime or after the sport has begun. The new Activity Participation Form requires that 12 paragraphs be read and initialed. The form must be completed in full for your student to participate.

ImPACT Concussion Baseline testing: Once your student has participated in a sport at MLMS, and ImPACT testing has been done, they do not have to do another concussion test. When your student goes to 9th grade they will have to complete a new concussion test and provide documentation to the high school that they attend.

Physicals are valid for 12 months and must be valid throughout the whole sport. We encourage you to get your student’s physical at the beginning of the school year so it’s available when your student decides to join a sport.

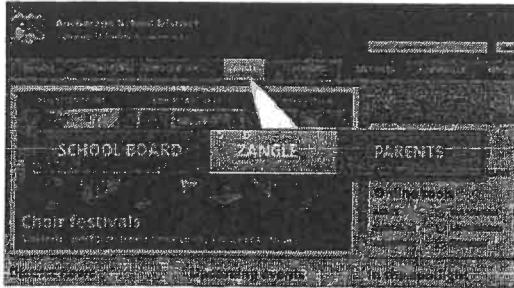
FOR FURTHER INFORMATION AND FORMS, PLEASE VISIT THE ASD WEBSITE:

<http://www.asdk12.org/activities/ms/participation/>

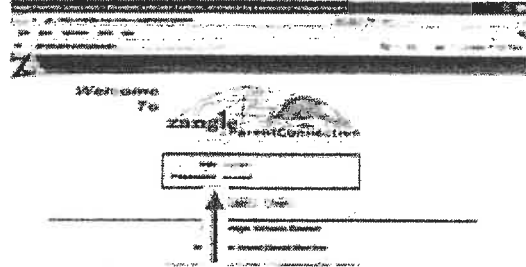


Logging in to ParentConnect

Go to <http://www.asdk12.org>



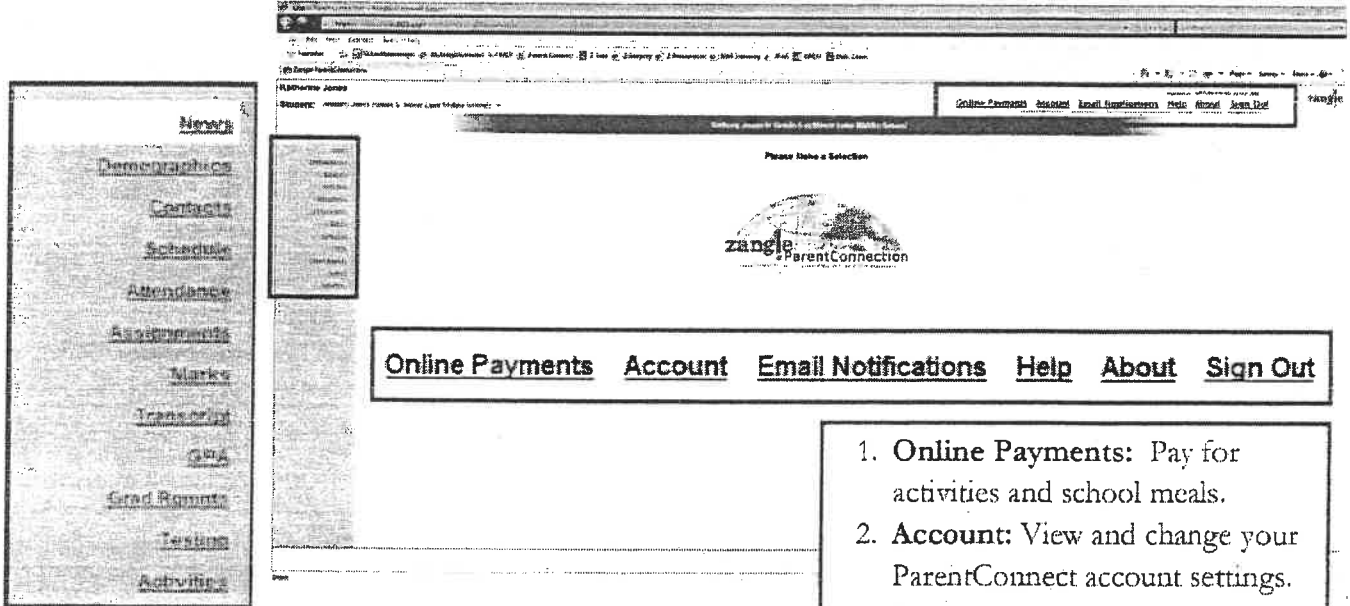
Go directly to <https://parentconnect.asdk12.org>



Enter PIN and case sensitive Password.

If you have any issues with logging in, or with your password, please contact your student's school.

Available Information



[Online Payments](#) [Account](#) [Email Notifications](#) [Help](#) [About](#) [Sign Out](#)

1. **Online Payments:** Pay for activities and school meals.
2. **Account:** View and change your ParentConnect account settings.
3. **Email Notifications:** Determine whether or not you receive email notifications.
4. **Help:** Get Help information.
5. **About:** Displays Copyright and Version info.
6. **Sign Out:** Logs you out of your ParentConnect account.

Important Note

Please note: Every contact you approved to have Web Access will be able to view all of the items listed. If you have any questions regarding "contact access" call the appropriate school.

#1 Activity Fee Payment Selection

Activity Fees

ASD Store Shopping Cart Purchase History Meal Plan

ASD Fee Payments

Welcome. Please begin by choosing a student.

If you would like to make a purchase for multiple students you may change your selection at any time.

1 → Student: Anthony Jones (Grade 6 , Mirror Lake Middle School) ▾

2 → Selection: SPORTS FEE - TRACK ▾

Price: 90.00

This item's price has been lowered to calculate for Family Cap

3 →

1. Select the **Student** that you are paying for (if you have more than one student.)
2. **Selection** – Choose sport or activity that you will pay for by selecting the drop down arrow.
3. Select **Add to Cart**.

#2 ASD Shopping Cart Check Out

Activity Fees

ASD Store Shopping Cart (3) Purchase History Meal Plan

ASD Shopping Cart Check Out

Billing Information

Address Information

Name: Georgia Jones
(As it appears on your account page)
 Address: 1234 Somewhere Lane
 City: Eagle River
 State: AK
 Zip: 99677
 Phone: 9071234567
 Email: myemail@yahoo.com

Credit Card Information

Credit Card: Visa
 Credit Card #: 1234567890000000
 Expire (mm/yyyy): 1 / 2014
 CVV2: 123 (Check the box to save)

1. Verify address; it must match Credit Card address.
2. Enter Credit Card information.
3. Select Continue.

#3 Order Summary

ASD Shopping Cart Check Out

Order Summary

Student ID	Student Name	Product ID	Description	Price
	Anthony Jones (Grade 6 - Mirror Lake Middle School)	Z7550015	SPORTS FEE - TRACK	\$90.00
			Grand Total:	\$90.00

Billing Summary

Complete Your Order

Contact Info

Name: Georgia Jones
 Address: 123 Somewhere Lane
 Eagle River, AK
 99677
 Phone: 9071234567 Email: myemail@yahoo.com

Credit Card Info

Credit Card Type: Visa
 Credit Card #: 4781000000000000
 Expire: 1/2013
 CVV2: 123

Complete Your Order

1. Verify payment information is correct.
2. Select **Complete Your Order**.

#4 Anchorage School District Receipt

Your Order is complete!

Anchorage School District
 Receipt

Receipt: WP000162

Bank Receipt# 1367224286.43A4

Transaction Date: Tuesday, March 27, 2012 11:48 AM

Student ID	Student Name	Product ID	Description	Price
	Anthony Jones (Grade 6 - Mirror Lake Middle School)	Z7550015	SPORTS FEE - TRACK	\$90.00
			Sub Total:	\$90.00

Name:
 Credit Card: VISA
 Credit Card #: XXXXXXXXXXXX0000
 Total Charged: 90.00
 E-Mail: myemail@yahoo.com

1. Print receipt *or*
2. Check email for receipt.

Anchorage School District
2017-18 MIDDLE SCHOOL
ACTIVITY PARTICIPATION FORM
A new form is required for each activity. Complete the following:

<input type="text"/> LAST NAME	<input type="text"/> FIRST NAME	<input type="text"/> MIDDLE NAME	<input type="text"/> M/F	<input type="text"/> GRADE	<input type="text"/> BIRTH DATE
<input type="text"/> ADDRESS		<input type="text"/> CITY	<input type="text"/> STATE	<input type="text"/> ZIP	
<input type="text"/> SPORT OR ACTIVITY		<input type="text"/> CURRENT MIDDLE SCHOOL ATTENDED OTHER MIDDLE SCHOOLS? Yes No		<input type="text"/> ASD STUDENT ID #	
<input type="text"/> PARENT/GUARDIAN NAME	<input type="text"/> WORK PHONE #	<input type="text"/> EMERGENCY CONTACT #	<input type="text"/> CELL PHONE #		
<input type="text"/> PARENT/GUARDIAN NAME	<input type="text"/> WORK PHONE #	<input type="text"/> EMERGENCY CONTACT #	<input type="text"/> CELL PHONE #		

Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement

This agreement affects your legal rights and responsibilities. Please read it carefully before you sign it. Please consult an attorney if you have any questions about anything contained in this agreement.

In consideration for the opportunity to participate in ASD activities, it is the purpose of this agreement to waive claims and release the Anchorage School District and others from all liability for personal injury, property damage, and wrongful death, including if caused by the Anchorage School District or other persons. Parties released under this agreement include the Anchorage School District, its board members, administrators, teachers, coaches, employees, agents, and insurers, as well as all other persons or entities acting in any capacity on the District's behalf (together referred to as the "ASD").

Parent/Guardian please review and initial each paragraph: **← Note**

I have read the ASD and/or site activity guidelines and understand their contents. I have read and understand the eligibility requirements and code of conduct for the activity in which the student will participate, including training rules required of students participating in ASD activities. I understand the coach may add specific rules and regulations for the activity that he/she supervises. I understand and recognize the importance of the participant following the ASD's rules and the coach's instructions regarding playing techniques, training, and other team rules.

I understand that the coaches and other employees seek safety, but are not infallible. Possible errors include, but are not limited to, being ignorant of a participant's abilities, failing to give adequate warnings or instructions and negligence generally associated with the activity.

I understand that all extra-curricular activities have a certain degree of risk, including known and unknown risks. I understand that many of these risks are essential to the activity and, therefore, cannot be eliminated. I understand that these risks include bodily injury ranging from minor sprains and contusions, to major injuries including concussion, spinal injuries, disfigurement, and injuries that may cause paralysis, illness, disease or even death, as well as psychological injury. I understand an injury may impair the participant's future ability to earn a living, to engage in business, social, and recreational activities, and to generally enjoy life. I understand the following describes some but not all of the risks that may result in injury, death or property damage:

- Equipment failure
- Failure to properly maintain equipment
- Inadequate coach/instructor training or supervision
- Failure to give adequate warnings or instruction
- Failure by participants to follow instructions
- Participant's exceeding their skills or physical condition
- Vehicular accidents
- The participant's own negligence and the negligence of others
- Dehydration, exhaustion, cramps, hypothermia and fatigue
- Collisions with other participants, equipment and other objects
- Collisions with the ground and floors
- Adverse weather conditions
- Unavailability of immediate medical care

I agree that participation in the activity is **VOLUNTARY** and based on

my independent assessment of the risks involved.

I understand that **ASD will not assume responsibility for injuries, death and damages sustained in connection with the activities.**

By signing below, I acknowledge that the participant and I are **ULTIMATELY RESPONSIBLE** for my/his/her own safety during the participation in ASD activities, including the use of facilities and equipment.

I expressly agree and promise to accept and assume all the risks to myself and/or the participant associated with the ASD activity.

I understand that primary accident insurance coverage is my responsibility. If the participant is a non-ASD alternative education program/home school student, I further understand that ASD secondary accident insurance will not cover the participant.

I give my consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by emergency medical personnel, hospitals, physicians and other medical providers, in the event of an injury or illness.

I authorize the school to transport the participant to and from ASD activities via ASD approved transportation. I accept the responsibility to pay the cost of transportation should the participant be sent home early from an out-of-town event as a result of their behavior.

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE ASD FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, WHICH ARE IN ANY WAY CONNECTED WITH PARTICIPATION IN THESE ACTIVITIES, INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF ASD. I ACCEPT SOLE FINANCIAL AND LEGAL RESPONSIBILITY FOR THE NAMED STUDENT IN THE EVENT OF INJURY OR ILLNESS AND AGREE TO INDEMNIFY FOR ANY INJURIES TO MY CHILD ARISING OUT OF THE ASD ACTIVITY. I ACCEPT SOLE FINANCIAL AND LEGAL RESPONSIBILITY FOR THE NAMED STUDENT FOR PROPERTY DAMAGE, LOST EQUIPMENT, AND/OR DISCIPLINARY SANCTIONS.

By signing this document, I acknowledge that if anyone is hurt or killed or property is damaged during the participant's participation in the ASD activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ASD on the basis of any claim from which I have released them herein.

Having read the above and having understood the dangers and potential risks involved in playing or practicing the above activities, I give my consent as the parent/legal guardian of the participant, _____ (student's name), to participate in the above-named activity.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

<input type="text"/> Student Signature	<input type="text"/> Parent/Guardian Signature	<input type="text"/> Date
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THIS SECTION TO BE COMPLETED BY ACTIVITY OFFICE. PLEASE DO NOT WRITE IN THIS SPACE.

<input type="text"/> Physical Date	<input type="text"/> Activity Fee	<input type="text" value="N/C"/> Baseline Fee	<input type="text"/> Receipt #
<input type="checkbox"/> Baseline Test <input type="checkbox"/> Concussion Fact Sheet/Parent Acknowledgement/Release			

MIRROR LAKE MIDDLE SCHOOL
SPORTS FEE REMITTANCE FORM
(for interscholastic sports only)

STUDENT NAME: _____ GRADE: _____

STUDENT ID#: _____ DATE: _____

There is a \$110.00 activity fee per interscholastic sport. This fee may be waived based upon economic hardship (see requirements below) or if the family cap, totaling \$390.00 for a combination of middle and/or high school fees, has been met.

SPORT: _____

PAYMENT OF FEES

AMOUNT REMITTED: \$ _____

PAID ONLINE _____ ***ONLINE RECEIPT MUST BE ATTACHED***

PAID BY: CASH _____ CHECK # _____

PARENT/GUARDIAN SIGNATURE: _____

WAIVER OF FEES (Initial which is appropriate)

_____ Our family has met the family cap and no further payment is required.

If fees have been paid at the high school or another middle school, proof of payment is required.

_____ I request a waiver from the competition fee of \$110.00 for economic reasons.

Required for approval: ASD Fee Waiver Application 2017-2018 form must be completed and approved by the building Principal of Activities. The form is available on the ASD Website at <http://www.asdk12.org/activities/ms/participation/> or inquire in the activity office.

PARENT/GUARDIAN SIGNATURE: _____

Parent and Student Acknowledgment and Consent

The Anchorage School District requires that each athlete, and each athlete's parent/guardian, receive a copy of its fact sheet entitled "CONCUSSION IN SPORTS, A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS." This fact sheet sets forth a description of the nature and risks of concussion.

Parents and athletes should review the Fact Sheet, discuss it at home, and direct any questions to the coach, school nurse, or activities principal. In addition, parents and athletes are encouraged to review the Anchorage School District Guidelines for Concussion Prevention, Identification, Treatment and Management. These Guidelines are available at the ASD website, www.asdk12.org, from your coach, and at your school office.

Parents and athletes need to annually acknowledge receipt of "CONCUSSION IN SPORTS, A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS."



STUDENT ACKNOWLEDGEMENT (Required for all athletes)

I acknowledge that I have received a copy of "CONCUSSION IN SPORTS, A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS," and understand its contents.

Date _____

Student Signature

Print Name



PARENT/GUARDIAN ACKNOWLEDGEMENT and CONSENT for ImPACT BASELINE SCREENING

Parent/guardian signature is required for all athletes under 18 years of age. If 18 or older, the athlete must sign below to consent to ImPACT baseline screening.

I acknowledge that I have received a copy of "CONCUSSION IN SPORTS, A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS," and understand its contents.

I also grant consent for the above student to participate in ImPACT baseline screening as part of the Anchorage School District's concussion prevention and management program.

Date _____

Parent/Guardian Signature

Print Name



CONCUSSION IN SPORTS

A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS¹

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Is always serious and can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

What are the signs and symptoms?

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponents • Moves clumsily • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or "feeling down"

What to do if you suspect a concussion:

- **Tell the coach and school nurse.** They need to know if you suspect a concussion. They also need to know if there has been a previous concussion.
- **Seek medical attention.** A health care professional experienced in evaluating concussions will be able to diagnose and treat a concussion and determine when it is safe to return to play. **You cannot return to an Anchorage School District activity until a qualified medical provider indicates it is safe to do so.**
- **Stay out of play and recover.** A brain with a concussion needs time to heal. While a brain is still healing, there is a much greater chance of another concussion. Repeat concussions can slow recovery and increase the likelihood of long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- **Tell your principal and teachers.** A concussion can impact a student's ability to do school work and other activities, such as computer use, studying, driving, or exercising. If needed, your teachers and school nurse can help adjust school activities during the recovery period.

Preventing Concussion:

While each sport is different, there are steps every athlete can take.

- Use the proper sports equipment. Wear the right equipment for the game or position, make sure it fits and wear it correctly.
- Follow the coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

BASELINE TESTING – AN IMPORTANT FIRST STEP: As part of ASD's efforts to minimize concussion related injuries, every school athlete is required to participate in ImPACT baseline screening. ImPACT is a computerized exam utilized in sports programs across the country to diagnose and manage concussions. This is a non-invasive, simple test set up in "video-game" format and takes 20 minutes to complete on an ASD computer. The test records individual reaction time, memory, speed, and concentration. It is not an IQ test and is not utilized for any purpose other than to establish a baseline measure for comparison should a student later be suspected of having a concussion. The test data will enable health professionals to determine when return-to-play is appropriate and safe for the injured athlete. You may obtain further information online at <http://impacttest.com>, or from your coach or school nurse.

The ImPACT baseline test is required of all students participating in any ASD activity that requires a sports physical. A single test is required for middle school athletes and again for high school athletes. The test will be administered prior to the first sports activity in which a student participates.

¹ This information comes from the Centers for Disease Control and Prevention, "Heads Up, Concussion in High School Sports." See www.cdc.gov/Concussion.

If you think you have a concussion: Don't hide it! Report it! Take time to recover!

Anchorage School District Sports Physical - Health Examination Form

MEDICAL HISTORY TO BE COMPLETED BY LEGAL PARENT/GUARDIAN

Last Name (print) _____ First Name _____ Initial _____ Date of Birth _____

1. Have you ever been hospitalized? Y ___ N ___
2. Have you ever had surgery? Y ___ N ___
3. Are you presently taking any medications or pills? Y ___ N ___
4. Have you ever passed out during or after exercise? Y ___ N ___
5. Have you ever been dizzy during or after exercise? Y ___ N ___
6. Have you ever had chest pain during or after exercise? Y ___ N ___
7. Do you tire more quickly than your friends during exercise? Y ___ N ___
8. Have you ever had high blood pressure? Y ___ N ___
9. Have you ever been told that you have a heart murmur? Y ___ N ___
10. Have you ever had racing of your heart or skipped beats? Y ___ N ___
11. Has anyone in your family died of heart problems or sudden death before age 50? Y ___ N ___
12. Do you have any skin problems (itching, rashes, acne)? Y ___ N ___
13. Have you ever had a head injury? Y ___ N ___
14. Have you ever had a concussion? If yes, how many _____ Y ___ N ___
15. Have you ever been knocked out or unconscious? Y ___ N ___
16. Do you suffer from migraines? Y ___ N ___
17. Have you ever had a seizure? Y ___ N ___
18. Have you ever had a stinger, burner or pinched nerve? Y ___ N ___
19. Have you ever had heat or muscle cramps Y ___ N ___
20. Have you ever been dizzy or passed out in the heat? Y ___ N ___
21. Do you have trouble breathing or do you cough during or after activity? Y ___ N ___
22. Do you use any special equipment (pads, braces, neck rolls, mouth guards, eye guards, etc.)? Y ___ N ___
23. Have you ever had problems with your eyes or vision? Y ___ N ___
24. Do you wear glasses or contacts or protective eye wear? Y ___ N ___
25. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints? Y ___ N ___

___ Head	___ Thigh	___ Elbow	___ Chest	___ Shin/calf	___ Wrist	___ Hip
___ Shoulder	___ Neck	___ Knee	___ Forearm	___ Back	___ Ankle	___ Hand
26. Have you ever had other medical problems (infectious mononucleosis, diabetes, etc.) Y ___ N ___
27. Have you had any medical problem or injury since your last evaluation? Y ___ N ___
28. Are you Diabetic? Y ___ N ___
29. Are you Asthmatic? Y ___ N ___
30. Do you have any allergies (medicine, bees or other stinging insects) _____ Y ___ N ___

List all allergies: _____

31. Explain all "yes" answers _____

Consent information:

- I hereby consent to emergency treatment, hospitalization or other medical treatment as may be necessary by a physician, qualified nurse, or hospital in the event of an injury or illness.
- I hereby consent to participation in ASAA approved interscholastic activities.
- I hereby consent to travel to and from ASAA activities via school approved transportation.
- I hereby waive on behalf of myself and the above student any liability of the school or ASAA organizationally or for any of its officers, agents or employees for injuries sustained in the interscholastic program.
- I accept financial responsibility for the above student in the event of an injury or illness.
- I hereby state that information submitted on this form is true.
- I hereby consent to abiding by the ASAA rules and regulations and school handbook.
- I understand that the medical information disclosed by the medical provider to the school may be further disclosed by the school to the school's administrators, athletic director, coaches and athletic trainers of any interscholastic activities in which I seek to participate.

Student Signature _____ Parent Signature _____ Date _____

HEALTH EXAMINATION TO BE COMPLETED BY HEALTHCARE PROVIDER - MD, DO, ANP, PA

Age _____ Height _____ Weight _____ Blood Pressure _____

Vision R/20 _____ Vision L/20 _____

Circle any of the following that are abnormal and explain under "comments":

- | | | |
|-----------------------|-------------------------------|-----------------------|
| Eyes/ears/nose/throat | Genitalia, Tanner stage _____ | Knee/hip |
| PERRLA | Neurological | Back |
| Respiratory | Skin | Ankles |
| Cardiovascular | Head/neck | Other musculoskeletal |
| Liver/spleen/abdomen | LAB: UA, HGB/HCT (as needed) | DT (date): _____ |

Comments: _____

I certify that on this date, I have examined this student and find him/her physically able to compete in all supervised activities not crossed out:

- | | | | |
|---------------|----------------|-----------------|------------|
| Baseball | Football | Softball | Wrestling |
| Basketball | Gymnastics | Swimming | XC running |
| Bowling | Hockey (boys) | Tennis | XC skiing |
| Cheer | Hockey (girls) | Track & Field | |
| Diving | Riflery | Volleyball | |
| Flag Football | Soccer | Weight Training | |

HCP Name (MD, DO, ANP, PA) (print) _____

Signature _____ Date of exam _____

Address _____ **Healthcare provider stamp is required here**

City _____ State _____

Phone _____ Zip _____