

WASHOE COUNTY SCHOOL DISTRICT

ATHLETIC AND ATHLETIC SUPPORT GROUP CLEARANCE FORMS

Please read this booklet carefully. All items listed below must be completed and turned in prior to any / all participation.

- ✓ Sport/Activity Acknowledgement Form – White (page 2)
- ✓ High School Residency/Custody Statement (page 3)
- ✓ High School Off-Season Sport/Conditioning Permit – Yellow (pages 4-5)
- ✓ Athletic Travel Waiver of Liability and Assumption of Risk (page 6)
- ✓ Private Transportation Release Form – Gold (Page 7)
- ✓ Athletic Emergency Information Form – 3 Part NCR Form (page 10)
- ✓ \$35.00 Athletic Transportation Fee
- ✓ \$25.00 Student Body Fee
- ✓ \$ 5.00 2nd Impact (Concussion) Assessment Fee
(all athletics and cheerleading / dance)
- ✓ \$10.00 Athletic Training and Supply Fee (each sport played – if applicable)
- ✓ \$50.00 Golf Fee (if applicable)

To be eligible to participate in athletics and support groups, including but not limited to cheerleading, song team, or mascot, it will be necessary for a student and his/her parent to sign the enclosed forms on pages 2-10. Page 8 & 9 contain important information that must be reviewed prior to participation and should be kept for reference throughout the school year.

WASHOE COUNTY SCHOOL DISTRICT

ATHLETIC INFORMATION

PHILOSOPHY OF THE WCSD ATHLETIC DEPARTMENT

High school interscholastic athletics is an integral part of the total educational program in the Washoe County School District. Interscholastic athletics provide opportunities for boys and girls to participate in competitive sports with the emphasis on the development of skills, work ethic, sportsmanship, and teamwork. Our goal is to develop a confident, intrinsically-motivated adolescent; a young adult who begins to understand how their personal habits and attitudes in sports carry over into their adult lives.

Effective schools use athletics as a vehicle to enhance academic achievement, school pride, healthy lifestyles, and team building. Interscholastic athletics are a key component in shaping a dynamic school culture where academics come first. As a District we thank you for allowing us to teach and coach your child in interscholastic athletics and activities.

STUDENT RIGHTS

Students participating in the Interscholastic Athletic Program are governed by the rights, protection, and responsibilities as prescribed by the Nevada Interscholastic Activities Association (NIAA) Handbook, (available for view in its entirety at (www.niaa.com), Washoe County School District Policies and Regulations, and their respective schools.

STUDENT RESPONSIBILITIES

Participants are required to conform to the rules and regulations of their school, the Washoe County School District, and the Nevada Interscholastic Activities Association (NIAA). Student athletes should conduct themselves in a safe and sportsmanlike manner. Violators are subject to probation, suspension, or expulsion.

ATHLETIC PARTICIPATION IN COLLEGE (NCAA ELIGIBILITY)

If you think you might be interested in college sports you should know that the NCAA (National Collegiate Athletic Association) has very strict requirements you must fulfill in high school in order to participate in Division I or Division II intercollegiate athletics. The NCAA Eligibility Center must determine your initial eligibility status. Interested student should consult the most current NCAA "Guide for the College-Bound Student-Athlete" or the NCAA website. Obtaining and understanding the necessary information is the responsibility of the student athlete and their parent/guardian and should begin upon their enrollment in high school.

For more details and guidance, talk with your counselor or visit www.eligibilitycenter.org. To contact the NCAA write to P.O. Box 6222, Indianapolis, Indiana 46206-6222 or (317) 917-6222. The Eligibility Center number is (877) 262-1492 or go to the web address at www.ncaa.org.

ATHLETICS CHAIN-OF-COMMAND

Should you have any questions or concerns regarding your student's participation in athletics, the following is the order of contact to resolve those issues:

- Coach
 - Head Coach
 - Athletic Director
 - Athletic Administrator
 - Principal
 - WCSD Student Activities Office
 - ❖ Phone calls during school hours are acceptable. If a meeting is necessary it should be scheduled. It is never acceptable to interrupt a practice or game.
- Please be aware that there are four main roles in sports: Coaching, Playing, Officiating and Spectating. When we avoid crossing over from our role we help to ensure a positive experience for all.

TRANSFER STUDENTS FROM OUTSIDE THE WASHOE COUNTY SCHOOL DISTRICT

All students coming from outside the Washoe County School District must provide a copy of their last report card or transcript with grades from the prior semester. Athletes will not be eligible to play until grades are provided and verified by the school registrar.

WEBSITE GUIDELINES FOR ATHLETICS

All athletic websites must be directly related to the WCSD mission and not in conflict with any district policies, rules and regulations. Individual athletic teams may not use any social networking sites such as Facebook, MySpace, or similar sites to promote their athletic teams or as a tool for communication for the season. Permission for any additional sites must be approved by WCSD Student Activities office.

Individual teams may have a website that must be linked to the school website and follow all WCSD policies, rules and regulations. Go to www.washoe.k12.nv.us/staff/web-development/guidelines for all guidelines.

SPORT/ACTIVITY ACKNOWLEDGEMENT

To be eligible to participate, read this booklet carefully and be sure to return this form and those indicated below.

PLEASE TYPE OR PRINT

(Last Name)	(First)	(MI)	(Male/Female)	Grade	School Year
/ /	Current Age	Date Entered This High School		Date Entered 9 th Grade	

Parent Name/Address	Telephone
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SPORT / ACTIVITY _____

	Parent Initials	Student Initials	
			I have read and understand where to find information regarding <i>NCAA ELIGIBILITY</i> if my student is planning to participate in college sports. (page 1)
			SIGN & RETURN: AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS IN ATHLETICS. (yellow) (pages 3-4)
			SIGN & RETURN: ATHLETIC TRAVEL WAIVER OF LIABILITY AND ASSUPTION OF RISK (page 5)
			SIGN & RETURN: PRIVATE TRANSPORTATION RELEASE FORM (gold) (page 6)
			If student is participating in FOOTBALL, I have read and understand the <i>FOOTBALL PARTICIPATION WARNING</i> (page 7)
			I have read and understand the <i>IMPACT – CONCUSSION MANAGEMENT PROGRAM</i> information (page 7)
			SIGN & RETURN: ATHLETIC EMERGENCY INFORMATION (3-part form) (page 9)
			I have read and understand the <i>WCSD HAZING POLICY</i> (page 8)
			HEALTH/ACCIDENT INSURANCE: I understand my child/ward must be covered by health/accident insurance to participate in this athletic activity and it is solely my responsibility to ensure my child/ward is covered by health/accident insurance. By initialing and signing this form, I attest that my child/ward is covered by health/accident insurance.
			I understand my student must purchase a student body activity card, (\$25.00), transportation fee (\$35.00), athletic training and supply fee (\$10.00 each sport played- if applicable), Impact (concussion) assessment fee (\$5.00) to participate in this athletic activity and (\$50.00) Golf fee (-if applicable).

I agree to the participation of my above-named child/ward in the program or programs that have been listed above and acknowledge that **I HAVE READ AND UNDERSTAND THE RULES, REGULATIONS AND REQUIREMENTS OF THIS BOOKLET.**

Student's Signature	Date	Parent/Guardian Signature	Date
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HIGH SCHOOL RESIDENCY/CUSTODY STATEMENT

The Administration of this high school recognizes most parents and students abide by athletic eligibility and residency policies. We also recognize some policies can be confusing and unclear. It is our intent to educate parents and students as well as protect those who follow the regulations. Please read the statements below and provide both parent and student initials on the spaces to the left of each item. Your awareness of some of the more significant policies and assistance in maintaining an effective and respected athletic program will benefit everyone associated with the Washoe County School District.

Please answer the following questions (Yes) or (No):

1. Has your son/daughter attended another high school? (circle one) Yes No

If yes, name all schools attended and years of attendance _____

2. Was your son/daughter or any member of your family recruited by any member of the faculty or coaching staff for the purpose of participating in athletics at the school you will be attending (circle one) Yes No

***IF YOU HAVE ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTACT THE SCHOOL ATHLETIC ADMINISTRATION TO DETERMINE THE STUDENT’S ATHLETIC ELIGIBILITY.**

Parent Initials	Student Initials	<i>ALL BOXES MUST BE INITIALED BY BOTH STUDENT AND PARENT/GUARDIAN</i>
		RESIDENCY: We understand this student must reside with a parent in the attendance zone of this high school as listed on the Athletic Packet. Failure to do so is considered an attempt to circumvent residency policies and may result in loss of eligibility and forfeitures.
		We understand that if we move to another attendance zone, we must entirely abandon our former residence to be eligible for high school athletics.
		RESIDENTIAL AFFIDAVIT: We understand that if we are living with someone else on a residential affidavit the student is ineligible for high school athletics and an appeal must be submitted to be considered for athletic eligibility.
		TRANSFERS: We understand that if a student transfers from a private to a public school or from a magnet school he/she is ineligible for varsity athletics.
		ZONE VARIANCE: We understand that if a student is enrolled on a zone variance he/she is ineligible for varsity athletics.
		GUARDIANSHIP: We understand that notarized guardianships and parent appointed guardianships are not accepted for athletic eligibility. We understand a legal guardian must be court appointed by a judge in accordance with NAC 386.785 (Sec. 3a-b), and an appeal must be submitted to be considered for athletic eligibility.
		SEPARATED PARENTS: We understand that if a parent/guardian is separated, the student’s athletic eligibility will remain at the current school of enrollment.
		DIVORCED PARENTS: We understand if a parent/guardian is divorced, the student’s eligibility is in the zone of the court-appointed primary custodial parent or remains in the school of current enrollment.
		FALSE DOCUMENTATION: We understand falsification of any portion of the Athletic Packet may result in permanent loss of athletic eligibility for the remaining years of this student’s high school education, as well as forfeiture of any event in which this student was a participant. Forfeiture of games has a serious effect on all members of a team. Final standings are impacted and League, Regional and State championships may be forfeited.

If you have any questions or concerns in regards to the above statements, please contact the Athletic Administrator at your school, the Student Activities Office, or the NIAA.

Please sign the appropriate line below.

Parent/Guardian Signature

Date

Student Signature

Date

**WASHOE COUNTY SCHOOL DISTRICT
HIGH SCHOOL REGULAR SEASON AND OFF-SEASON
SPORT/CONDITIONING PERMIT**

**AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK AND
AGREEMENT TO HOLD HARMLESS IN ATHLETICS**

Instructions to Student and Parent:

Please read both the STUDENT and PARENT provisions of this form. Sign, date, and return this form.

STUDENT

I am aware playing or practicing to play/participate in any sport 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 an off-season sport/conditioning program 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 bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and 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.

Because of the dangers of participating in a sporting activity, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instruction.

In consideration of the Washoe County School District permitting me to participate in a regular season or off-season sport/conditioning program and to engage in all activities related to said program, I hereby assume all risk associated with participation and agree to indemnify, defend, and hold the Washoe County School District, its Trustees, 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 a regular season or off-season sport/conditioning program.

I fully understand that participation in an off-season program does not guarantee me a position on a team and/or a place in the starting line-up. I have not been pressured by a coach to participate nor have I been informed that this off-season program is a requirement in order to be a member of said team.

The terms hereof shall serve as a release and assumption of risk for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Student

Date

PARENT/LEGAL GUARDIAN

I affirm that I am the lawful parent/legal guardian of the previously mentioned student. I have read the student warning and release and understand its terms. I understand that all sports can involve **RISK OF INJURY**, those risks outlined in the **Student** section above. I also certify that my child/ward has no ailment or organic defect that would make participation in a sport activity dangerous to his/her health.

In consideration of the Washoe County School District permitting my child/ward to participate in a regular season or off-season sport/conditioning program and to engage in all activities related to said program, I hereby agree to indemnify, defend, and hold the Washoe County School District, its Trustees, its employees, agents, representatives, 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 by or in connection with participation of my child in any activities related to a regular or an off-season sport/conditioning program.

As parent/legal guardian, I authorize and direct the Washoe County School District to obtain medical care for my child/ward in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child/ward requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any necessary medical and/or surgical procedures that are essential for the treatment of my child/ward and agree to be responsible for payment for such care. I release the Washoe County School District, its Board of Trustees, employees, volunteers and agents from any costs, damages, liability or loss resulting from the exercise of discretion in securing medical care for my child/ward.

I fully understand that participation in an off-season does not guarantee my child/ward a position on a team and/or a place in the starting line-up.

The terms hereof shall serve as a release for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Parent

Date



Administrative Form 5307
EXTRA-CURRICULAR ACTIVITY & ATHLETIC TRAVEL
WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I hereby acknowledge that I am the lawful parent or legal guardian of _____ ("child/ward"), who will be participating in a variety of Washoe County School District extra-curricular activities and athletic events and competitions during the _____ school year, as further detailed in the attached proposed schedule. For any non-scheduled and non-NIAA sanctioned sporting events, I understand I will receive advance notice of each activity, along with the mode of transportation to/from the activity, and will be given an opportunity to decline my child's participation in said activity.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in the athletic events.

I understand that travel to and from the athletic events can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in the sporting activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in the athletic events described in the attached schedule of events.

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

PRIVATE TRANSPORTATION RELEASE FORM

Transportation and Accommodations for State Tournaments

When a school / team participates in a State Tournament, all athletes and coaches **MUST** use the travel and room accommodations arranged by the Washoe County School District Student Activities Office. Athletes who fail to use district travel and accommodations may **NOT** compete at State Tournaments.

I hereby assume full responsibility and obligation for the private transport of said student both to and from all such Events to the extent the Washoe County School District does not provide student transportation, or I and/or my child choose not to use District transportation when provided, whether such Events are currently scheduled or are scheduled at some future time. In consideration of the rights afforded herein, **I HEREBY RELEASE AND FOREVER DISCHARGE THE WASHOE COUNTY SCHOOL DISTRICT, ITS INSURERS, AGENTS, EMPLOYEES, REPRESENTATIVES, AND ASSIGNS FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, DEMANDS OR EXPENSES IN ANY WAY CONNECTED WITH OR ARISING OUT OF PRIVATE TRANSPORTATION OF (student) _____ TO AND FROM ALL EVENTS REFERRED TO ABOVE.**

I understand that I may rescind this release by providing the appropriate School District personnel with a written retraction, and that **such retraction will be effective for only those future Events specifically referenced in the retraction and shall not be effective as to any prior transportation.**

I hereby represent and warrant that in signing this release, I have been fully advised and represented by legal counsel of my own selection, or that I have had full opportunity to do so, that I am fully familiar with all circumstances incident hereto, that in executing this release, I rely wholly upon my own judgment and the advice of counsel of my own independent selection, or that I have waived the right to rely on such advice, and that I have been in no way influenced in making this release by any representative or servant of the Washoe County School District.

Signature of Parent/Guardian

Date

IMPACT – Concussion Management

The Washoe County School District utilizes the ImPACT, Concussion Management Program. The intent of this program is to reduce the risk of injury to your son or daughter due to concussions. It is a program used by the National Football League, the National Hockey League, many minor league teams, including the Las Vegas Gladiators and many college and high school programs across the nation.

Developed by the University of Pittsburgh, the program allows provider of health care to determine when an athlete should continue athletic participation after suffering a concussion or head injury. This may reduce the likelihood of “Second Impact Syndrome”, which can lead to serious or permanent head injury or death.

Each student who participates in interscholastic athletics at this school is required to be covered by this program and is responsible for a \$5.00 annual fee. If your son or daughter suffers a concussion or head injury, he/she will be reassessed and monitored. Our WCSD Trainers and Athletic Departments are **directed to take the following steps before releasing a concussed athlete back into action:**

- Must receive clearance from ImPACT, ***and***
- Must have written clearance from their doctor.

We are pleased to provide this low cost program for your son or daughter. If you have any questions, please contact your school’s athletic department.

FOOTBALL PARTICIPATION WARNING

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage, and improvements in equipment have reduced these risks, BUT IT IS IMPOSSIBLE TO ELIMINATE SUCH OCCURRENCES FOR ATHLETICS.

Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program, and inspecting their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY.

EVEN IF ALL THESE REQUIRMENTS ARE MET AND EVEN IF THE ATHLETE IS USING EXCELLENT PROTECTIVE EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN ATHLETICS BY YOUR SON, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTOOD THIS WARNING STATEMENT.

WARNING

DO NOT USE FOOTBALL HELMET TO BUTT, RAM, OR SPEAR AN OPPOSING PLAYER. THIS IS IN VIOLATION OF THE FOOTBALL RULES AND SUCH USE CAN RESULT IN SEVERE HEAD OR NECK INJURIES, PARALYSIS, OR DEATH TO YOU AND POSSIBLE INJURY TO YOUR OPPONENT. NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL.

WASHOE COUNTY SCHOOL DISTRICT HAZING POLICY

Student / Parent Agreement Concerning Hazing

The Washoe County School District supports only those athletic activities which are constructive, educational, inspirational, and that contribute to the personal development of student/athletes. The Washoe County School District unequivocally opposes any situation created intentionally to produce mental or physical discomfort, embarrassment or ridicule.

Definition

Hazing is a broad term that encompasses any intentional action or activity which does not contribute to the positive development of a student/athlete; which inflicts or intends to cause physical or mental harm or anxieties; which may demean, degrade or disgrace any person regardless of location, intent or consent of participants; any action or situation which intentionally or unintentionally endangers a student for admission or affiliation with any athletic team or other school organization. Additionally, hazing can include any exaggerated or excessive teasing. Any requirements by a student which compels another student to participate in any hazing activity which is against this Washoe County School District policy or state/federal law will be defined as hazing. The fact that a hazing victim may seem willing or may even agree to participate in some form of personal embarrassment or physical/mental danger does not change or lighten the responsibility of the one who is doing the hazing. Any person who knowingly witnesses or fails to report knowledge of any incidents of hazing may be considered to be a participant in the hazing.

Actions and activities which are prohibited include, but are not limited to, the following:

- Any type of initiation or other activity where there is an expectation of individuals joining a particular team to participate in behavior designed to humiliate, degrade, or abuse the student/athlete regardless of the person's willingness to participate.
- Any requirement or pressure put on an individual to participate in any activity which is illegal, perverse, or publicly indecent, contrary to his/her genuine moral and/or beliefs, e.g. lewd conduct or public profanity.
- Any activity or action that creates a risk to the health, safety, or property of the Washoe County School District or any member of its surrounding community.
- Expecting or pressuring individuals to participate in an activity in which the full membership is not willing to participate in.
- Forcing, encouraging, or pressuring someone to wear in public apparel which is conspicuous and not in accordance with the WCSDD dress code policy or what is not generally considered to be in good taste.
- Assigning or endorsing "pranks" such as stealing or the harassment of another organization.
- Degrading or humiliating games or activities that make the member the object of amusement, ridicule or intimidation.
- Subjecting a member to cruel and unusual psychological conditions.
- Retaliation: Harassment, intimidation or bullying toward a person in response to previously reported harassment, intimidation or bullying. Retaliation against any person who reports, is thought to have reported, files a complaint or otherwise participates in an investigation or inquiry is prohibited. Such retaliation shall be considered a serious violation of board policy and independent of whether a complaint is substantiated. False charges shall also be regarded as a serious offense and can result in disciplinary action or other appropriate sanctions.

I have been given an opportunity to read and understand this policy and understand the following:

I agree and promise not to participate in any activity deemed to be hazing. I have read the examples of hazing as described in the Washoe County School District Hazing Policy.

This policy/regulation shall be in effect from the time a student athlete first participates in a NIAA sanctioned sport and shall remain in effect until the student graduates from high school.

If, after an investigation by the school which would include the WCSDD Coordinator of Athletics and Activities and could include school police, and it is determined that the student/athlete is in violation of this policy, then the student/athlete will be subject to disciplinary action by the school. Each individual school site will determine the type and duration of consequences based on the decision of the school's administrative team.

**WASHOE COUNTY SCHOOL DISTRICT
ATHLETIC EMERGENCY INFORMATION FORM**

Student's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Address _____

Home Phone _____ Cellular Phone number(s) _____

Mother's Business Phone _____ Father's Business Phone _____

Two persons you recommend we call in the event you cannot be reached:

1. _____ Phone: _____

2. _____ Phone: _____

Preference of physicians: (Please include name, telephone number and address.)

1. _____
Name Phone Address

2. _____
Name Phone Address

Preference of Hospital: _____

Medical history and physical limitations or problems that should be known by the coach:

HEALTH/ACCIDENT INSURANCE: I understand my child/ward must be covered by health/accident insurance to participate in this athletic activity and it is solely my responsibility to ensure my child/ward is covered by health/accident insurance. By signing this form, I attest that my child/ward is covered by health/accident insurance.

As parent/legal guardian, I authorize and direct WCSD to obtain medical care for my child/ward in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child/ward requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any necessary medical and/or surgical procedures that are essential for the treatment of my child/ward and agree to be responsible for payment for such care. I release WCSD, its Board of Trustees, employees, volunteers and agents from any costs, damages, liability or loss resulting from the exercise of discretion in securing medical care for my child/ward.

Student Signature _____ Parent Signature _____

Date _____ Date _____

ORIGINAL Office
YELLOW Athletic Trainer
PINK Coach – With Athletic Eligibility Clearance Form (must have both forms before athlete can participate)