

2016-2017 Campbell County Boys Soccer Athlete/Parent Information

I. Coaching Staff

1. Coach Matt Ewald – Varsity Head Coach, JV/Freshman Assistant

- This is Coach Ewald's 7th year coaching high school soccer (6 years as Head Freshman/Varsity Assistant Coach at HHS and third year at CCHS)
- Played 5 years at HHS, 3 years as a varsity player
- Biology Teacher at CCHS
- Phone #: 859-982-5002
- Email: matthew.ewald@campbell.kyschools.us

2. Coach Jeremy Theetge - Junior Varsity Head Coach, Varsity/Freshman Assistant

- This is Coach Theetge's 3rd year coaching high school soccer (1 year as freshman head coach at Dixie, 1 year as a freshman head coach at CCHS, and 1st year as JV head coach)
- Phone #:
- Email: jrmyt89@gmail.com

3. Chris Terry - Freshman Head Coach, Varsity/JV Assistant

- 1st year coaching high school soccer and his 1st year with CCHS program
- Math teacher at CCHS and also Assistant Track and Field Coach
- Phone #:
- Email: Christopher.terry@campbell.kyschools.us

As a coaching staff we are ready, willing, and able to put everything we have into the Campbell County High School soccer program. We are all students of this great game (yes we are still learning), we all love the game, and we are all here to help all of the players succeed on and off of the field. Our goal is to make this program a family, with everyone working to help everyone else get better!

CCHS Boys Soccer 2016

Any student interested in trying out for the high school soccer team **must** have a valid KHSAA Physical completed by a physician prior to participation in conditioning or try-outs. KHSAA Physical Forms can be found in the Athletic Office, in this packet, or you can download the form by clicking on the following links: www.camelpride.com, Fan Zone, Forms.

Open Field Sessions: CCHS Turf Field

Thursday May 12th and May 19th – 5:30 pm - 7:00 pm at the high school field.

Summer Conditioning: CCHS Turf Field and Track

Starting June 6th: Monday Wednesday and Friday - 8:00 am - 9:00 am

CCHS Try-outs: CCHS Turf Field

July 18th – July 22nd

Monday Wednesday and Friday: 7:30 am- 9:00 am

Tuesday and Thursday: 7:30 am - 9:00 am and 5:30 pm - 7:00 pm

KHSAA Dead Period:

June 25th – July 9th

Coaches can have no contact with athletes or parents during this time. No coach-led conditioning or training during this time as well.

CCHS Training: CCHS Turf Field

Starting July 25th

Monday Tuesday Wednesday Thursday Friday: 5:30 pm - 7:00 pm

Wednesday: 7:30 am - 9:00 am and 5:30 pm - 7:00 pm

Matt Ewald CCHS Boys Head Soccer Coach

matthew.ewald@campbell.kyschools.us

II. Pre-season Conditioning, Training Sessions, and Games

- Open field sessions – these have been taking place on Thursdays from 5:30-7:00pm on the field. They have been a great way to get to know the players, the players to get to know the coaches, and the players to get to know each other. The main goal has always been to find time before the end of school to play some soccer!
- Pre-season Conditioning Program – these will start on Monday, June 6th. I have attached a schedule of dates and times for these workouts. The goal of the pre-season conditioning program is to create an atmosphere where players want to be fit. Fitness is **INCREDIBLY IMPORTANT** to the game of soccer. Even the best-skilled player can benefit from being fit. During these sessions we will mix up conditioning, strength training, and simple technical drills to ensure that all players show up for try-outs ready to play. These are voluntary sessions, but attendance will be taken and it is important that all players try to attend as many of the sessions as possible.
 - Summer work is very important to a lot of players, and we understand this. We only expect that you take the schedule to work and try to work around some of the sessions.
 - Family vacations are also very important. The same is true with vacations as it is with work. Have fun and enjoy the summer, but try to make as many of the sessions as possible. **The dead period is June 25th – July 10th** and this is always a good time to sneak out of town for a bit.
- Try-outs – please see the schedule above for try-out dates and times. These will be held from **July 18th – July 22nd, at the high school**. The goal of try-outs is to put together the best possible team for the upcoming season. We will focus on drills, activities, and simulated games that give us the best chance at putting together solid teams. We have a very large number of players returning this year, so we are expecting to make several cuts. Even though this is the hardest thing for a coach to have to do, it is a good problem to have when a ton of players come out for try-outs.
- Trainings after try-outs – please see the schedule above for dates and times. We will start two-a-day training sessions after try-outs. These will not be every day, but it is important that we are able to work with the players as much as we can. Training sessions will be run by the individual coaches most of the time, with the possibility that we will train together if need be. **These are mandatory!** If you are part of the team, we expect you to be at every training.
 - Club training – playing club is a great thing for high school soccer players. Club provides opportunities for exposure that players might not be able to get playing high school soccer. We do ask that you try to use the schedule to plan when you can attend our trainings and when you can attend club trainings. Communication is very important and we want to make sure that all parties know what is going on. It is still important that you train with your high school teammates as much as possible.

- Games and trainings during the school year – Our schedule is *mostly* finished for the year, but we are still trying to get into a tournament that will give us the opportunity to play some different teams from around the state. Trainings during the school year will take place from 5:30-7:00pm at the high school. Please check your email/text messages for updates.

III. Academics and Extra-Curricular Activities

All of the players that make up the Campbell County Soccer program are expected to be **students first, good members of the community second and quality soccer players third**. As coaches we are tasked with not only developing a player's skills on the field, but also ensuring that they are responsible in school and in the community. We will do everything that we can to make sure that this happens, and we only expect that you do the same in return!

- Academics – it is mandatory that players are good students. I am in the building every day and will be keeping tabs on how everyone is doing in class. We expect that you will be putting forth your best effort and showing your teachers and classmates the utmost respect. Everyone has a bad day from time to time, but we need to work to make sure that this happens rarely. **Playing soccer for Campbell County is a privilege and we will treat it that way.**
 - We will follow the school and KHSAA academic/eligibility policy in regards to high school sports.
 - Students who do not comply with these policies will not be able to train or play with the team.
- Study sessions – if a student is failing at least one class, there will be mandatory study sessions before training to try to bring that grade up. These sessions can take place with Coach Ewald, or with the teacher who teaches the class. We will have some time between the end of school and the beginning of training, so we will use that time to get the player caught up with school work.
- Detentions – if a student has an after-school detention or Friday school, they will not be able to take part in that days training. If you are having trouble in class or you are having trouble making it to class, please come talk to one of the coaches or you teacher to see if there is something that can be done. We need to be good role models in the school, and having detentions is not a way of doing this.
- Extra-curricular activities – be smart when you are outside of school. Use common sense and surround yourself with good people. If you get into trouble outside of school, there will be consequences with the team. **BE SMART!**

IV. Fees and Volunteering

- Fees – fees for the season will be due after try-outs. They are \$65. We will discuss fees further after try-outs.
- Team costs – aside from money that may need to be spent on cleats, shinguards, balls, etc., there will be minimal costs with the team. We will discuss all uniform costs after try-outs.

- Volunteering – The Campbell County Soccer program is only as strong as the people we have within it. It is always important that we have parents and players who are willing to volunteer their time to ensure that our program is the best in the area. This may include working the ticket booth, working the concession stand, announcing games, videotaping games, and just helping out when we need help. We will put together a volunteer list that will be available after try-outs. The coaching staff thanks you in advance for all of your help in making sure that we have a fantastic season!

V. Our Philosophy

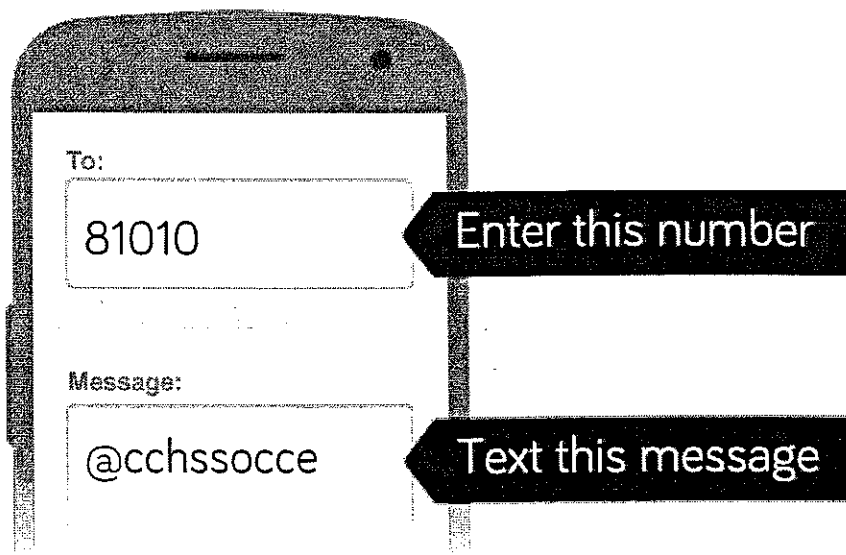
It is our goal, as soccer coaches and mentors to your sons, that we provide the best possible instruction in becoming a better soccer player and person. We will do everything that we can to provide the necessary skills to achieve our goals. We expect that each player will do everything they can for their family members, teammates, coaches and teachers. The Campbell County Camel Soccer Program is a family and we will all work together to make this the best season possible! GO CAMELS!

Coach Ewald would like you to join CCHS Boys Soccer!



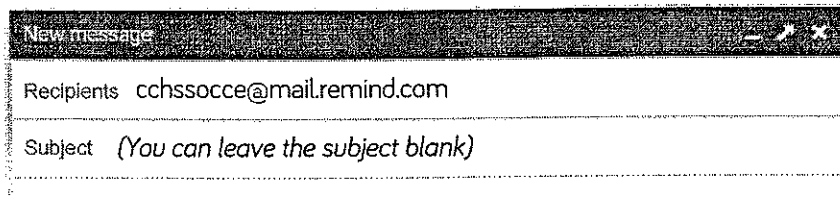
To receive messages via text, text
@cchssocce to **81010**. You can
opt-out of messages at anytime by
replying, 'unsubscribe @cchssocce'.

Trouble using 81010? Try texting
@cchssocce to **(270) 506-4003**
instead.



*Standard text message rates apply.

Or to receive messages via email, send
an email to
cchssocce@mail.remind.com. To
unsubscribe, reply with 'unsubscribe' in
the subject line.



WHAT IS REMIND AND WHY IS IT SAFE?

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Visit remind.com to learn more.

2016-2017
CCHS SPORTS
PHYSICALS
MONDAY, JUNE 6
PHYSICALS START @ 6:00PM
(all aged students are welcome)

\$20.00 PER STUDENT
(CASH OR CHECK, NO INSURANCE ACCEPTED)

KHSAA PHYSICAL FORM REQUIRED
(CAMELPRIDE.COM - FAN ZONE - ALL FORMS)
PHYSICALS MUST BE SIGNED BY PARENT OR GUARDIAN
ALL PHYSICALS KEPT ON FILE IN ATHLETIC OFFICE

QUESTIONS – CALL CCHS ATHLETICS @ 448-4896
or Angie Lambert email:angie.lambert@campbell.kyschools.us

****Physicals are being presented by NovaCare Rehabilitation and
UC Orthopedics****





**Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation**

KHSAA Form GE04
High School
Parental Permission and Consent
Rev. 4/15, page 1 of 2
© KHSAA, 2015

The student and parent/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.

**ATHLETE INFORMATION
(This part must be completed by the student and family)**

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

School Attendance History

Grade	School Name	School Year	Varsity Play –
9			
10			
11			
12			

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|-----------------------------------|---------------------------------------|--|--|---|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Other(s) _____ | |

EMERGENCY CONTACT INFORMATION

Name (please print) Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone Cell Phone

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

Insurance Carrier Policy Number / ID Number Group Number Plan

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number Birth Date

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY
RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head 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 or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution at <http://khsaa.org/handbook/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND
CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

Students' Name (please print)		School
Student and Parent/Guardian Address including City, State and Zip		
Signature of Student		Date
Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used		
Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)		Emergency Phone Number
Signature of Parent(s)/Guardian(s) who has/have custody of this student		Date

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



Note: This form is to be filled out by patient and parent prior to seeing the physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the scope of practice). The form should be kept with the chart. References to Physician on this form shall reference all permitted providers as detailed above and in KRS 166.070(2)(d)

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 _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Name _____ Date of birth _____

PROVIDER REMINDERS

- Consider additional questions on more sensitive issues
 - Do you ever feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 90 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		□ Male □ Female	
Height	Weight		
BP / / (/)	Pulse	Vision R 20/	L 20/
		Corrected □ Y □ N	
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD or DO