Tips for Completing Athletics Physical Forms

• Use pen to complete all forms.
• Page one - Complete all demographics and emergency contact information.
• History Form - Complete entire form. Any questions that are answered “yes” must be explained in the lined portion on the bottom right corner of the form. BOTH STUDENT ATHLETE AND PARENT MUST SIGN.
• Special Needs Form - Complete if applicable. If not applicable, draw a line through the page and still sign at the bottom.
• Physical Examination Form – Fill out Name and Date of Birth only. Physician will complete the rest.
• Clearance Form – Fill out Name, Sex, Age and Date of Birth only. Physician will complete the rest.
• Clearance Status Letter – Write the student’s name, sport and school year. Physician will complete the rest.
• Sudden Cardiac Death Pamphlet Sign Off Sheet – Name of School, Student Signature, Parent Signature and Date are required.
• Cardiac Pamphlet is for parents to keep.
• Use and Misuse of Opioid Drugs Fact Sheet – Name of School, Student Signature, Parent Signature and Date are required.
• The Opioid Use and Misuse Pamphlet is for parents to keep.

Completed Sports Physical Forms are to be returned to the Nurse’s Office 7-10 days prior to the scheduled physical date.

June 18, 2019
Health Office
Mount Olive Department of Athletics

Home of The Marauders

Today's Date: ___________________________ Date of Last Physical: ___________________________

Student's Name: ___________________________ Sex: M F (circle one) Age: ______ Place of Birth: ___________________________

Address: ______________________________________________________________

City/State/Zip: __________________________________________________________

Date of Birth: ___________________________ Sport: ___________________________ Home Phone: ___________________________

Grade: ______ School: ___________________________ District: ___________________________

Physician: ___________________________ Phone: ___________________________ Fax: ___________________________

EMERGENCY CONTACT INFORMATION

Name: ___________________________ Relationship to student: ___________________________

Phone (work): ___________________________ Phone (home): ___________________________ Phone (cell): ___________________________

*It is required that if your child goes to their private physician, the physician must sign and stamp stating completion of the cardiac module on the physical form.*

Mount Olive Nurse’s Office To Complete Information Below

Date of Physical: ___________________________

Physical performed by ___________________________
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 __________________________ Date of birth __________________________

Name __________________________ 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

1. Has a doctor ever denied or restricted your participation in sports for any reason?
   Yes No

2. Do you have any ongoing medical conditions? If so, please identify below: Asthma, Arthritis, Diabetes, Infections, Other:
   ______________________________________

3. Have you ever spent the night in the hospital?
   Yes No

4. Have you ever had surgery?
   Yes No

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?
   Yes No

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
   Yes No

7. Does your heart ever race or skip beats (irregular beats) during exercise?
   Yes No

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
   High blood pressure, Heart murmur, High cholesterol, Heart infection, Kawasaki disease, Other:
   ______________________________________

9. Has a doctor ever ordered a test for your heart? (For example, EKG, echocardiogram)
   Yes No

10. Do you get lightheaded or feel more short of breath than expected during exercise?
    Yes No

11. Have you ever had an unexplained seizure?
    Yes No

12. Do you get more tired or short of breath more quickly than your friends during exercise?
    Yes No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

12. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (excluding drowning, unexplained car accident, or sudden infant death syndrome)?
    Yes No

13. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, aortointimal right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
    Yes No

14. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
    Yes No

15. Has anyone in your family had an unexplained fainting, unexplained seizures, or near drowning?
    Yes No

BONE AND JOINT QUESTIONS

16. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
    Yes No

17. Have you ever had an injury that required casts, MRI, CT scan, injection therapy, a brace, a cast, or sutures?
    Yes No

18. Have you ever had any broken or fractured bones or dislocated joints?
    Yes No

19. Have you ever had a stress fracture?
    Yes No

20. Have you ever been told that you have or you have had an injury for which you have had a cast, or for which you have had an injury that required therapy or treatment by a doctor?
    Yes No

21. Have you ever been told that you have or you have had an injury for which you have had a cast, or for which you have had an injury that required therapy or treatment by a doctor?
    Yes No

22. Do you regularly use a brace, orthotics, or other assistive device?
    Yes No

23. Do you have a bone, muscle, or joint injury that bothers you?
    Yes No

24. Do any of your joints become painful, swollen, feel warm, or feel hot?
    Yes No

25. Do you have any history of juvenile arthritis or osteoarthritis?
    Yes No

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 __________________________


New Jersey Department of Education 2016; Revised to P.L.2013, c.71
# Preparticipation Physical Evaluation

**THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM**

Date of Exam __________

Name ____________________ Date of birth __________

Sex ______ Age _______ Grade ______ School _______ Sport(s) ________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Type of disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Date of disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Classification (if available)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Cause of disability (birth, disease, accident/trauma, other)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. List the sports you are interested in playing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you regularly use a brace, assistive device, or prosthesis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do you use any special brace or assistive device for sports?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you have any rashes, pressure sores, or any other skin problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you have a hearing loss? Do you use a hearing aid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you have a visual impairment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Do you use any special devices for bowel or bladder function?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Do you have burning or discomfort when urinating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Have you had autonomic dysreflexia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you have muscle spasticity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Do you have frequent seizures that cannot be controlled by medication?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate if you have ever had any of the following.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray evaluation for atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocated joints (more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged spleen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteopenia or osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in ability to walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spina bifida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 __________

NOTE: The preparticipation physical examination must be conducted by a health care provider who: 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

Preparticipation Physical Evaluation Form

Physical Examination Form

Name __________________________ Date of birth __________________

Physician Reminders

1. Consider additional questions on more sensitive issues
   - Do you 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 cigarette smoking, chewing tobacco, snuff, or dip?
   - During the past 30 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 medications to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

Date of Physical Exam __________________

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

Examination

Height ______ Weight ______ Male ______ Female ______

BP _____ / _____ ( / ) Pulse ______

Medical

Appearance
   - Muddy, malignant (hypochromia, high-colored, pale, cutaneous, cachectic, cachexia)
   - Amenorrhea
   - Hypertrophy, hypoglycemia, MVP, sarcoid hirsutism

Eyes/nose/throat
   - Pupil equal
   - Hearing

Lymph nodes

Heart
   - Murmurs (ascultation standing, sitting, 4/6 Valsalva)
   - Location of point of maximal impulse (PMI)

Pulse
   - Simultaneous femoral and radial pulses

Lungs

Abdomen

Genitourinary (males only)

Skin
   - HSV, lesions suggestive of MRSA, tinea corporis

Neurology

Musculoskeletal

Neck

Back

Shoulder/arm

Elbow/forearm

Wrist/ankle/fingers

Hip/shoulder

Knee

Leg/ankle

Foot/soles

Functional
   - Dack-vertic, single leg loop

*Consider: EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. *Consider EKG exam at private setting. Having them both present is recommended.
*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Clear for all sports without restriction
Clear for all sports without restriction with recommendations for further evaluation or treatment for ______________

Not cleared

Pending further evaluation

For any sports

For certain sports __________________________

Reasons __________________________

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, a 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, advanced practice nurse (APRn), physician assistant (PA) (print/type) __________________________ Date ______________

Address __________________________ Phone __________________________

Signature of physician, AFN, PA __________________________


New Jersey Department of Education 2014; Pursuant to P.L. 2013, c.71
CAREER.OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on ___________________________ (Date)
Approved ________ Not Approved ________
Signature: ____________________________

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, advanced practice nurse (APN), physician assistant (PA) ____________________________________________________________________________ Date ______________

Address __________________________________________ Phone ____________________________

Signature of physician, APN, PA ____________________________________________________________________________

Completed Cardiac Assessment Professional Development Module

Date ____________________________ Signature: ____________________________
Dear Parent/Guardian:
This letter serves as written notification that your son/daughter ______________, can/cannot (circle one) participate in ______________ sports for the 20__-20__ school year pursuant to N.J.A.C. 6A:16-2.2. Please be advised that this letter reflects the recommendation of the examining physician who completed and signed the Athletic Pre-Participation Examination Form submitted to the school on behalf of your son/daughter.
If your child is deemed unable to participate based on an incomplete form, please ensure that the original examining physician completes the form and returns it to the school to be reviewed for eligibility.

Remarks:

________________________________________________________________________

Sincerely,

Physician’s Stamp ___________________________ Date ________________________

Physician’s Signature __________________________
In other news, there was a significant breakthrough in cancer research. The new drug, which is currently in clinical trials, shows promise in significantly reducing the growth of tumors. Scientists are hopeful that this could lead to a new treatment option for patients.
Sudden Cardiac Death in Young Athletes

- Early detection and diagnosis are crucial.
- Family history and medical history should be carefully reviewed.
- Electrocardiogram (ECG) and echocardiogram may be useful.
- Genetic testing for genetic conditions associated with sudden cardiac death could be considered.

Prevention:
- Regular exercise and a healthy lifestyle.
- Avoiding alcohol and smoking.
- Time management and stress reduction.

Immediate Care:
- Call emergency services immediately.
- CPR and defibrillation if available.
- Follow the latest guidelines for resuscitation.

Long-term Management:
- Regular follow-up and medical supervision.
- Cardiac rehabilitation programs.
- Consideration for implantable cardioverter-defibrillator (ICD) therapy.
- Lifestyle modifications and medication as prescribed by healthcare providers.
State of New Jersey
DEPARTMENT OF EDUCATION

Sudden Cardiac Death Pamphlet
Sign-Off Sheet

Name of School District: ____________________________________________

Name of Local School: ____________________________________________

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: ________________________________________________

Parent or Guardian
Signature: ________________________________________________________

Date: __________________________
OPPIOID USE AND MISUSE
EDUCATIONAL FACT SHEET

Keeping Student-Athletes Safe

School athletics can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition.

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller. It is important to understand that overuse of opioids are on the rise and are killing Americans of all ages and backgrounds. Families and communities across the country are coping with the health, emotional and economic effects of this epidemic.

This educational fact sheet, created by the New Jersey Department of Education as required by state law (N.J.S.A. 18A:40-41.10), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes an opioid to a student athlete or prescribes an opioid for a sports-related injury. Student athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

In some cases, student-athletes are prescribed these medications. According to research, about a third of young people studied obtained pills from their own previous prescriptions (i.e., an unfinished prescription used outside of a physician’s supervision), and 83 percent of adolescents had unsupervised access to their prescription medications. It is important for parents to understand the possible hazard of having unused prescription medications in their households. Parents should also understand the importance of proper storage and disposal of medications, even if they believe their child would not engage in non-medical use or diversion of prescription medications.

According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 9 percent of female athletes had used prescription opioids in the 12-month period studied. In the early stages of abuse, the athlete may exhibit unexplained sadness and/or vomiting. However, as he or she develops a tolerance to the drug, these signs will diminish.

Constipation is not uncommon, but may not be reported. One of the most significant indications of a possible opioid addiction is an athlete’s decrease in academic or athletic performance, or a lack of interest in his or her sport. If these warning signs are noticed, best practices call for the student to be referred to the appropriate professional for screening, such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment [SBIRT] offered through the New Jersey Department of Health).

What Are Some Ways Opioid Use and Misuse Can Be Prevented?

According to the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee chair, John P. Kirsop, M.D., “Studies indicate that about 50 percent of heroin users started out by abusing narcotic painkillers.”

The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:

- The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, non-steroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor’s instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.
- Ice therapy can be utilized appropriately as an anesthetic.
- Always discuss with your physician exactly what is being prescribed for pain and request to avoid narcotics.
- In extreme cases, such as severe trauma or post-surgical pain, opioid pain medication should not be prescribed for more than five days at a time;
- Parents or guardians should always control the dispensing of pain medications and keep them in a safe, non-accessible location; and
- Unused medications should be disposed of immediately upon cessation of use. Ask your pharmacist about drug take-back programs available such as New Jersey Take Back or New Jersey Drug Disposal.

According to NJSIAA Sports Medical Advisory Committee chair, John P. Kirsop, M.D., “Studies indicate that about 50 percent of heroin users started out by abusing narcotic painkillers.”
Even With Proper Training and Prevention, Sports Injuries May Occur

There are two kinds of sports injuries. Acute injuries happen suddenly, such as a sprained ankle or strained back. Chronic injuries may happen after someone plays a sport or exercises over a long period of time, even when applying overuse-preventative techniques.6

Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes are encouraged to become better educated about sports safety.6

What Are Some Ways to Reduce the Risk of Injury?

Half of all sports medicine injuries in children and teens are from overuse. An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse.

The best way to deal with sports injuries is to keep them from happening in the first place. Here are some recommendations to consider:

1. PREPARE Obtain the preparticipation physical evaluation prior to participation on a school-sponsored interscholastic or intramural athletic team or squad.

2. CONDITIONING Maintain a good fitness level during the season and off-season. Also important are proper warm-up and cooldown exercises.

3. ADEQUATE HYDRATION Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.

4. PLAY SMART Try a variety of sports and consider specializing in one sport before late adolescence to help avoid overuse injuries.

5. REST UP Take at least one day off per week from organized activity to recover physically and mentally. Athletes should take a combined three months off per year from a specific sport (may be divided throughout the year in one-month increments). Athletes may remain physically active during rest periods through alternative low stress activities such as stretching, yoga or walking.

6. TRAING Increase weekly training time, mileage or repetitions no more than 10 percent per week. For example, if running 10 miles one week, increase to 11 miles the following week. Athletes should also cross-train and perform sport-specific drills in different ways such as running in a swimming pool instead of only running on the road.

7. PROPER EQUIPMENT Wear appropriate and properly fitted protective equipment such as pads (neck, shoulder, elbow, chest, knee, and shin), helmets, mouthpieces, face guards, protective cup, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.

Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

- National Council on Alcoholism and Drug Dependence - NJ promotes addiction treatment and recovery.
- New Jersey Department of Health, Division of Mental Health and Addiction Services is committed to providing consumers and families with a wellness and recovery-oriented model of care.
- New Jersey Prevention Network includes a parent’s quiz on the effects of opioids.
- Operation Prevention Parent Toolkit is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and those in the community.
- Parent to Parent NJ is a grassroots coalition for families and children struggling with alcohol and drug addiction.
- Partnership for a Drug Free New Jersey is New Jersey’s anti-drug alliance created to localize and strengthen drug prevention media efforts to prevent unlawful drug use, especially among young people.
- The Science of Addiction: The Stories of Teens shares common misconceptions about opioids through the voices of teens.
- Youth IMPACTing NJ is made up of youth representatives from coalitions across the state of New Jersey who have been impacted by the opioid crisis and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

References

1. Massachusetts Technical Assistance Partnership for Prevention
2. Fenster for Disease Control and Prevention
3. New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee (SMAC)
4. Athletics Management, David Cullen, athletic trainer, Ewing High School, NJSIAA SMAC
5. National Institute of Arthritis and Musculoskeletal and Skin Diseases
6. USA TOSGUS
7. American Academy of Pediatrics

An online version of this fact sheet is available on the New Jersey Department of Education's Alcohol, Tobacco, and Other Drug Use webpage.

Use and Misuse of Opioid Drugs Fact Sheet
Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this Opioid Use and Misuse Educational Fact Sheet to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete’s or cheerleader’s first official practice of the school year.

Name of School:

Name of School District (if applicable):

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Signature: __________________________

Parent/Guardian Signature (also needed if student is under age 18): __________________________

Date: __________________________

1Does not include athletic clubs or intramural events.