



**2009-2010**  
**NOTRE DAME CATHOLIC SCHOOL**  
**ATHLETIC POLICY HANDBOOK**  
**FOR ATHLETES AND PARENTS**

**ATHLETIC MISSION STATEMENT**

Notre Dame Catholic School is an academic institution and our primary purpose is to give our students the best education in a Christian atmosphere. Athletics are an important part of this education. They enhance the learning process and develop a spirit of camaraderie within the school. Teaching, however, is our first priority.

The purpose of the Notre Dame Catholic School Athletic Handbook is to make the parents and students of Notre Dame Catholic School's policies regarding interscholastic sports. All elementary athletic programs associated with Catholic schools and/or parishes in the St. Petersburg Diocese shall be under the jurisdiction of the local school principal. The Athletic Director will be accountable to the principal.

We ask that both Parents and Athletes read this Handbook and sign all forms attached. In signing these forms, you will be expected to follow all procedures and standards set forth in the following pages. Any infraction of these rules may result in the athlete's removal from all athletic involvement at Notre Dame Catholic School.

**PHILOSOPHY**

It is our belief that you, as an athlete, must understand that your first and foremost responsibility lies in your academic successes.



We believe that your participation in athletics should be a part of the total educational experience you receive at Notre Dame Catholic School.

We believe that becoming involved in our Athletic Program at Notre Dame Catholic School can contribute to building better relationships between schools, contribute to the development of health and happiness, physical skills, the ability to work with others for the achievement of group goals and sound moral values.

We believe that participating in our Athletic Program at Notre Dame Catholic School should be considered a privilege, extended to students/parents who are willing to accept certain responsibilities.

## **RESPONSIBILITIES**

A student's/athletes' greatest responsibility is to be a credit to their family and school. Therefore, the athlete must at all times:

1. Display a Christian-like attitude both on and off the field.
2. Parents and athletes must display proper respect for authority figures, including teachers, coaches, officials and members of opposing teams.
3. Display a spirit of cooperation and outstanding sportsmanship.
4. An athlete should be well-groomed and dress with special care when attending an athletic contest at home or away. The athlete is a representation of what our School stands for and therefore, must take pride in his/her personal appearance.
5. The use of vulgar language or actions will not be tolerated on or off the playing field.

## **PARTICIPATION REQUIREMENTS**

- A. Students trying out for, or participating in, a sport will usually play on their respective grade level.
  1. When the school supports only one team, the team may be made up of various grade students.
  2. When the school supports teams for individual grade levels students should play on their own grade level team. However, a player may be brought up to play on another team if the roster is not full of eligible players with the permission of the Athletic Director, the coaches and the athlete's parents.
- B. The policy of carrying only the number of players needed has been implemented for several reasons.
  1. Practicality-outfitting the teams with uniforms.
  2. Safety-the coaches will be able to devote their time to those students who are truly interested in learning and competing.
  3. Maximum players per team unless agreed upon by the Athletic Director and coaches.



The teams may be limited as follows:

Golf  
Soccer  
Volleyball  
Basketball  
Flag Football  
Tennis



- C. A \$ 35 fee for each sport is required with a maximum of \$ 140 per child. Scholarships are available by contacting the Principal. **No child will be turned away from participating for financial reasons.**
- D. All players **MUST** have a current physical on record with the A.D.
- E. A player must have a parent's permission slip on file with A.D.
- F. A player cannot play in a game or be at a practice if they have been absent because of personal illness or an unexcused absence from school.
- G. Athletes absent for illness on Friday, may participate on weekend if they have permission from their coach.
- H. Any student with a doctor's note excusing them from P.E. will also be ineligible for sports.
- I. Parents must be willing to accept responsibilities of becoming involved in working concessions or supervision. Schedules for working these areas will be handed out and it will be the sole responsibility of the parent to obtain a substitute to work in their place if they are unavailable at their assigned times.
- J. It is the parent's responsibility to transport the athlete to and from all practices and games. The coach may not drive an athlete to or from any sporting activities.

## **PRACTICES**

- A. All practices are required.
- B. Athletes will report on time, appropriately dressed in comfortable clothing and gym shoes, to the area designated by the coach.
- C. No one is allowed in building without a coach is present.
- D. Participants may use only those facilities designated by coach.

- E. No one may roam the halls.
- F. Any absence from practice must be cleared through the coach.

### **GAMES**

- A. All participants must be at all home and away games a minimum of 30 minutes prior to the start of the game, unless otherwise directed by the coach.
- B. Any absence from a game must be cleared through the coach.
- C. During games, no one may leave the area without the permission of the coach.
- D. Every athlete is required to report to their coach when they arrive.

### **ABSENCES**

The essence of any sport is participation. If an athlete is not regularly in attendance at all required practices and games, he/she cannot hope to be an effective member of a team. This not only hurts his/her participation, but the rest of the team as well.

- A. If an athlete finds it necessary to be absent from a practice or a game either by illness or other reason, he/she must notify his/her coach.
- B. The coach reserves the right to determine whether or not an absence is justified.
- C. If an athlete misses a practice before a game due to an unexcused absence, he/she will not be allowed to participate at the next game.
- D. **Detentions are not to be considered as an excused absence.**

### **UNIFORMS**

- A. Participants will be issued a uniform. It is the parent's/athlete's responsibility to purchase a sweatshirt, socks and shoes.
- B. Parents and athletes are responsible for the care of the uniform.
- C. Parents are responsible for the replacement of monetary value of the uniform if not returned or returned in poor condition.
- D. Personal items such as: shoes, socks, turtlenecks, etc. are to be purchased by participant at the time of sign-up. If an athlete quits the squad after a uniform has been ordered, it is the parent's responsibility for the costs incurred.

### **EXPECTATIONS AND STANDARDS**

Uniforms must be kept neat and clean, including socks, turtlenecks, shoes, etc.

Hair must be off the face and shoulders.

All athletes must have nails trimmed to prevent injury.

An athlete may not wear necklaces, rings, earrings, bracelets, or watches at practices or games. These items may become hazardous on the playing field and are therefore inappropriate.

No food or gum allowed at practices or games.

In an effort to protect visiting gym floors, athletes are asked to wear street shoes to and from games and practices. Please change into your game shoes.

All athletes should be confident and in command of a situation at all times.

## GRADE REQUIREMENTS



- A. It is the policy of Notre Dame Catholic School that athletes be passing all subjects (including Art, Music, Library Science, Technology and Physical Education) in order to participate in the athletic program. If a student has an average grade of D in any class, the Principal will decide if he/she is eligible to play. The principal will take into consideration the ability and efforts of the student. The student may be ineligible for one full week (Monday to Monday.)
- B. On Thursdays, the Athletic Director will submit a list of the athletes to the teachers. The AD will notify the Principal of all students with a D or F average. The principal will then notify the Athletic Director by Friday noon of any student ineligible. The Athletic Director will notify the coaches of these students.
- C. The AD will contact the student and parents regarding ineligibility.
- D. Any student found ineligible will not be allowed to play for one full week (Monday to Monday). It should be noted that when an athlete is notified of his/her failure on Friday, the ineligibility goes into effect on the following Monday morning. He/she may play any scheduled games that first weekend. Any student ineligible for sports because of grades for three weeks in the same subject will be removed from the team roster.
- E. When an athlete is ineligible, he/she should attend practices, but may not participate in any games for the following week. Players are not required to attend games but are encouraged to do so.

Our principal, Sr. Eileen Marie, has indicated that she understands how important it is for athletes to participate in the games, however, we are first and foremost a school. Academics take precedence over athletics.

If you, as a parent, have a question regarding your child's ineligibility, please contact your child's teacher. The coach does not have the authority to discuss grading procedures with you or the teacher/teachers involved. He/she is only responsible for notifying you as to your child's D or F.

As soon as the athlete raises his/her grade the student will be allowed to participate – with Principal, AD or coaches approval.

## **DETENTIONS**

The athletic policy concerning detention and/or poor attitude will work in conjunction with the detention policy of the school. The principal will determine disciplinary action based on:

1. severity of action
2. student's attitude
3. teacher opinion

If a teacher sees a negative attitude or observes disrespect to any adult the teacher will notify the Principal and the student will be ineligible. The Athletic Director will be notified by the principal.

## **PRACTICE SCHEDULES**

Title IX, which requires equal time and opportunity for both boys and girls, will be implemented in the following manner:

1. All teams will be scheduled equally in time and frequency
2. All practices will be scheduled by the Athletics Director and coaches
3. There will be no practices scheduled during school vacation time.

## **GAME SCHEDULES**

Title IX, which requires equal time and opportunity for both boys and girls, will apply to the scheduling of games in the following manner:

1. All games will be scheduled by the Athletic Director.
2. Any schedule changes including games added or deleted must be done through the Athletic Director.
3. Maximum numbers of games per season will be determined in accordance with Diocesan policy.

## **NOTRE DAME CATHOLIC SCHOOL SPORTS CODE**

We welcome all visiting teams as our guests.

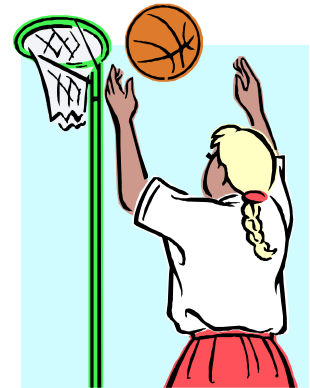
We will accept all decisions of the officials.

We will not utter abusive or irritating remarks, or attempt to intimidate our opponents.

We will applaud opponents who make good plays or show good sportsmanship.

We strive to win fairly without boasting and lose without excuses.

We ask that all players and fans help us to live up to this code...  
**AND MAY THE BEST TEAM WIN.**



## PARENTS CODE

Parents should remember:

- Children have more need for example than criticism.
- Make athletic participation for your child and others a positive experience
- Attempt to relieve the pressure of competition, not increase it.
- Be kind to your child's coach and to officials. The coach is a volunteer giving of personal time and money to provide a recreational activity for your child. The only reward received is the personal satisfaction of having served the community.
- The opponents are necessary friends. Without them, your child could not participate.
- Applaud good plays by your team and by members of the opposing team.

Between the exuberance of the winner and the disappointment of the loser stands the referee. All of them follow the same creed to watch every move of every player and to call the game to their best ability.

- Do not openly question their judgment-and never their honesty. The referee is a symbol of fair play, integrity, and sportsmanship.
- Accept the results of each game. Encourage the children to:  
be gracious in victory  
turn defeat to victory by working towards improvement.

Parental evaluation carries a great deal of weight with the pre-adolescent. The attitude shown by parents at games towards their child, the opposing team, the officials and the coaches influence the child's values and behavior in sports. Criticism, disrespect for officials and opponents by over-anxious or over-protective parents bent on immediate success rather than long range benefits undermines the purposes of sport and bring into the game stresses beyond those of wholesome competition.

We want this program to be fun for all. Those who enjoy the game will have the desire to improve. When is the last time you had fun while someone you respected was openly criticizing you and the game you were associated with? Remember, our children will follow the examples set by their parents.





## SPORTS PROGRAM PARTICIPATION

Dear Parents and Athletes,

The Notre Dame Catholic School extracurricular sports program is a parent-supported effort. Students in grades 5-8 who meet other eligibility criteria (namely acceptable grades and conduct), may choose to participate in after school sports. While siblings in lower grades may be dismissed to attend games, only 5<sup>th</sup> – 8<sup>th</sup> graders are allowed (by diocesan regulation) to participate in the sports.

In order to ensure the safe, secure and healthful experience in Notre Dame Catholic School after school sports program, we ask that the three attached forms be completed and returned.

- ◆ EVENTS CONSENT AND RELEASE
- ◆ PLAYERS COMPLIANCE
- ◆ HEALTH SCREENING – which is different from the annual physical on the goldenrod form and is good for one year from date of physician's examine

These forms are self-explanatory. We ask that you

1. Give permission for your child to participate in extra-curricular sports
2. Provide or arrange for transportation for your child to all practices and games.
3. Discuss with your student athlete, and model for them the responsibility of the academic and behavioral excellence and the standards of fair play and sport courtesy.
4. Have the health screening form completed by your personal, certified physician prior to the first practice date.

Your child will only be able to participate in the sports program when all the paper work has been completed, signed by you and returned to the athletic director.

### **EXTRA-CURRICULAR SPORTS FEE - \$35.00 per sport – payable prior to first game**

Helps to defray cost of certified referees, facility rentals and school trophies

*No child will be denied participation for financial reasons.*

*If necessary, please contact the principal for a sponsor for your child.*

**UNIFORMS** – The school has uniforms for all sports. These are loaned to student athletes. Failure to return the uniform at the close of the season will result in a charge for replacement.

We appreciate your support in helping us provide a risk-free environment for our athletes.

Sincerely,  
Sister Eileen Marie Woodbury, Principal



Dear Parents and Athletes,

The following packet contains a number of forms that must be completed by the Athlete, Parent/Guardian, and/or Physician. Please complete all forms and return them to our Athletic Director. Please understand that no child may participate in any game or practice until all forms are complete and on file. Thank you for your cooperation.

Abundant Blessings,

Sr. Eileen Marie Woodbury, Principal



## STATEMENT OF COMPLIANCE

The Catholic School is unique because of its total commitment to the three-fold purpose of Christian education: *message, community* and *service*. It creates an atmosphere where Catholic Faith can be integrated with life and learning. All those involved in a Catholic school – parents, pastor faculty and staff, administrators and students – must strive to make it a community of faith which indeed is living, conscious, and active.

As a student – participant in sports, and as parents of a student-athlete, we understand and agree to abide by the guidelines and regulations of the **Diocesan Guidelines for Interscholastic Athletics: Elementary and Middle Catholic Schools and the Regulations and Policies of the League.**

- I/We understand this means that the student will strive to:
- √ Be on time for all practices and games
  - √ Stay for the entire practice/game
  - √ Encourage all team players to develop their full potential
  - √ Play by the fair rules of fair play
  - √ Act in a Christian manner toward all
  - √ Maintain a school average that will allow me to fully participate in sports



I agree to follow the regulations of our diocese, the school sports guideline and the directives of the coaches.

PRINT NAME: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT / GUARDIAN

#### SPECTATOR ETIQUETTE:

Spectators at school athletic events are asked to refrain from “coaching from the sidelines.” Cheering is encouraged – loud and vigorously. But, please refrain from calling out directions to a particular child or yelling at the team about what they should have done or not done with the ball. That is the coaches task.

**Thank you for your understanding, cooperation  
and presence at our games!**

I understand that I am responsible for providing or arranging for transportation for my student–athlete to/from all games and practices. I agree to provide the opportunity for my child to be present at all practices and games. I will try to attend games as my schedule allows. Further, I will strive to model appropriate sports courtesy and will refrain from any form of “sideline coaching.”

Print Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Compliance with the Athletic Handbook



I, \_\_\_\_\_, have read the Notre Dame Catholic School Athletic Handbook, and I agree to abide by the rules stated therein. I understand my responsibilities regarding ALL the requirements and I further understand that any infraction of these rules by myself, or my child, may result in his/her removal from athletics at Notre Dame Catholic School.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, have read the Notre Dame Catholic School Athletic Handbook, and I agree to abide by the rules stated therein. I understand my responsibilities regarding ALL the requirements and I further understand that any infraction of these rules by myself, or my parents, may result in my removal from athletics at Notre Dame Catholic School.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

# ATHLETIC EVENTS CONSENT and RELEASE



Name of Sport             Volleyball             Basketball             Golf  
[Check all that apply]  Soccer             Flag Football             Tennis

I hereby request to have my child participate in the above named event(s). I understand and assume the risks inherent in these events from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for my child's general well-being. I do hereby release, covenant not to sue, and save harmless The Very Reverend Robert N. Lynch, Bishop of the Diocese of St. Petersburg, Notre Dame Catholic School, and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of participation in the Notre Dame Catholic School Extra-Curricular Sports Program.

I understand I am responsible for transporting, or arranging transportation for, my child to and from the sports events. Notre Dame Catholic School will, in no way, participate in arranging or executing transportation for the events.

I request a Notre Dame Catholic School representative to obtain medical treatment for my child in the unlikely event of injury or illness during the events and I agree to pay any expenses incurred for such treatment.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Please add pertinent medical information particularly in regards to any condition that may effect, or by affected by, participation in this sport (eg asthma – needs inhaler before game):

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Sports Fee attached (payable to Notre Dame Catholic School Athletics) \$35 per sport



### Permission for Emergency Medical Treatment

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Parent's Work \_\_\_\_\_ Cell \_\_\_\_\_

Student's Soc. Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

#### MEDICAL CONCERNS/RESTRICTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CURRENT MEDICATIONS

\_\_\_\_\_

I understand a sports health screening is necessary for my child's participation in **Notre Dame** Catholic School Extra-curricular Sports Program.

I further understand that competitive athletics may result in injury although the school has and will do all it can to reduce the risk of injury. I request a **Notre Dame** Catholic School representative to obtain medical treatment for my child in the unlikely event of injury or illness during practice or games and I agree to pay any expenses incurred for such treatment.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

JOINT Custodial PARENT SIGNATURE \_\_\_\_\_

### Permission for Physical Exam

Student Name \_\_\_\_\_

\_\_\_\_\_ Yes, I give permission for my child to receive a Sports Physical at NDCS.

\_\_\_\_\_ No, I will have a current Sports Physical from our family doctor on file with the school at the start of the sport.

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

Date and time received by Athletic Director: \_\_\_\_\_

## Coaches Information Sheet



Sport \_\_\_\_\_

Coach \_\_\_\_\_

Student \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Uniforms Shirt # \_\_\_\_\_ Shorts # \_\_\_\_\_ Other \_\_\_\_\_

Athletic Fee \$35.00 \_\_\_\_\_

### Medical Information

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, significant medical conditions? If yes, please explain.

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Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Authorization

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment.

In case of emergency I authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

School Insurance \_\_\_\_\_ OR Insurance Waiver \_\_\_\_\_ (check one )

Insurance Company \_\_\_\_\_

Policy or Group Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Certification

I certify that all the information given above is true and correct. By my signature I am giving permission for emergency treatment if needed for my child and have insurance to cover my child in case of accident or injury.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT SPORTS PHYSICAL HISTORY FORM**



**To be completed by Parent and Shown to the Physician**

Students Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

Physician \_\_\_\_\_

Sports \_\_\_\_\_

**FILL IN DETAILS OF "YES" ANSWERS IN SPACE BELOW**

- |  | YES   | NO    |
|--|-------|-------|
| 1. Has the above student ever been hospitalized?                                   | _____ | _____ |
| Has the above student ever had surgery?  | _____ | _____ |
| 2. Is the above student presently taking any kind of medication?                   | _____ | _____ |
| 3. Does the above student have any allergies (meds., bees)?                        | _____ | _____ |
| 4. Has the above student ever passed out during exercise?                          | _____ | _____ |
| 5. Has the above student ever been dizzy during exercise?                          | _____ | _____ |
| 6. Has the above student ever had chest pain?                                      | _____ | _____ |
| 7. Does he/she tire quicker than his/her friends during exercise?                  | _____ | _____ |
| 8. Has the above student ever had high blood pressure?                             | _____ | _____ |
| 9. Has the above student ever been told he/she has a heart murmur?                 | _____ | _____ |
| 10. Has the above student ever had a racing heart or skipped beat?                 | _____ | _____ |
| 11. Has anyone in your family died of heart problems or suddenddeath before age 40 | _____ | _____ |
| 12. Does the above student have any skin problems?                                 | _____ | _____ |

- \_\_\_\_\_
13. Has the above student ever had a head injury? \_\_\_\_\_
14. Has the above student ever been knocked out? \_\_\_\_\_
15. Has the above student ever had a seizure? \_\_\_\_\_
16. Has the above student ever had a stinger or burner? \_\_\_\_\_
17. Has the above student ever injured (sprained, dislocated, fractured, etc.) \_\_\_\_\_
- |                 |                |               |             |
|-----------------|----------------|---------------|-------------|
| _____ Hand      | _____ Shoulder | _____ Thigh   | _____ Wrist |
| _____ Neck      | _____ Knee     | _____ Forearm | _____ Chest |
| _____ Shin/Calf | _____ Elbow    | _____ Back    | _____ Ankle |
| _____ Arm       | _____ Hip      | _____ Foot    |             |

18. Has the above student ever had heat cramps? \_\_\_\_\_
19. Has the above student ever had:
- |                     |                     |
|---------------------|---------------------|
| Mononucleosis _____ | Diabetes _____      |
| Hepatitis _____     | Headaches _____     |
| Asthma _____        | Eye Injuries _____  |
| Tuberculosis _____  | Stomach Ulcer _____ |
20. Does the above student use special pads or braces? \_\_\_\_\_
21. When was the above student's last tetanus shot? \_\_\_\_\_

Explain "YES" answers here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physical Examination (to be completed by physician)**



Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (opt.): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood  
 Pressure \_\_\_\_\_ Vision Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
1. Appearance			
2. Eyes/Ears/Nose/Throat			
3. Lymph Nodes			
4. Heart			
5. Pulses			
6. Lungs			
7. Abdomen			
8. Genitalia (males only)			
9. Skin			
<b>MUSCULOSKETLETAL</b>			
10. Neck			
11. Back			
12. Shoulder/Arm			
13. Wrist/Hand			
14. Hip/Thigh			
15. Knee			
16. Leg/Ankle			
17. Foot			

**\*Station-based examination only** \_\_\_\_\_

**ASSESSMENT OF EXAMINING PHYSICIAN**

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s).

Cleared without limitation  
 Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 Referred to: \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 Name of Physician (print or type) \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature of Physician: \_\_\_\_\_, MD or DO

**ASSESSMENT OF PHYSICIAN TO WHOM REFFERAL WAS MADE: (if applicable)**

I hereby certify that the examination(s).for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s).

Cleared without limitation  
 Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print or type) \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_

Signature of Physician \_\_\_\_\_, MD or DO

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine. American Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.