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 this form in the chart.)

		and the second program of the second		· · · · · ·									
Name _			Date of birth										
Sex	Age	Grade Sch	lool		Sport(s)								
Medici	nes and Allergies: Pi	ease list all of the prescription and over	-the-co	unter m	edicines and supplements (herbal and nutritional) that you are currently	taking							
Do you Mer	have any allergies?	☐ Yes ☐ No If yes, please ide ☐ Pollens	ntify sp		ergy below. ☐ Food ☐ Stinging Insects								
		Circle questions you don't know the an			and your and an arrangement of the state of								
Engles of the same	L QUESTIONS	circle queseous you don't know the an	1000	v	MEDICAL QUESTIONS	Yes							
1. Has		estricted your participation in sports for	Y69	No	26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	168	Fig.						
2. Do y	ou have any ongoing me	dical conditions? If so, please identify emia Diabetes Infections			Have you ever used an inhaler or taken asthma medicine? Is there anyone in your family who has asthma?								
Othe	FC:				29. Were you born without or are you missing a kidney, an eye, a testicle		 						
	you ever spent the nigh	t in the hospital?			(males), your spieen, or any other organ?								
ACOMONION STREET	you ever had surgery?				30. Do you have groin pain or a painful bulge or hernla in the groin area?		<u> </u>						
Local Division of National	HEALTH QUESTIONS AB	OUT 705 Nearly passed out DURING or	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		 -						
	: you ever passed out or :R exercise?	nearly passed out DUMNG of			32. Do you have any rashes, pressure seres, or other skin problems? 33. Have you had a heroes or MRSA skin infection?	ļ	 						
		t, pain, tightness, or pressure in your		T	34. Have you ever had a head Injury or concussion?	<u> </u>	┼						
	t during exercise? s your heart ever race or	skip beats (Inegular beats) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion,		 						
		at you have any heart problems? If so,			prolonged headache, or memory problems? 36. Do you have a history of seizure disorder?	-	┼						
	k all that apply:	D			37. Do you have headaches with exercise?	ļ	+						
	High blood pressure High cholesterel Kawasaki disease	☐ A heart murmur ☐ A heart Infection Other:			Nave you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?								
9. Has		est for your heart? (For example, ECG/EKG,			39. Have you ever been unable to move your arms or tegs after being hit or failing?								
la constant de la con		of more short of breath than expected		\vdash	40. Have you ever become III while exercising in the heat?		 						
	ng exercise?				41. Do you get frequent muscle cramps when exercising?								
11. Have	you ever had an unexpl	ained seizure?			42. Do you or someone in your family have sickle cell traft or disease?								
		t of breath more quickly then your friends			43. Have you had any problems with your eyes or vision?		1						
ACTUAL CHARACTERS AND ADDRESS OF THE PARTY AND	ng exercise? REALTH QUESTIONS AD	NIT VALLE EARLY	Yes	No	44. Have you had any eye injuries?								
-		lative died of heart problems or had an	100	140	45. Do you wear glasses or contact lenses?								
unex	spected or unexplained si	udden death before age 50 (Including			46. Do you wear protective eyewear, such as goggles or a face shield?		<u> </u>						
ļ		cident, or sudden Infant death syndrome)? ave hypertrophic cardiomyopathy, Marfan			Do you worry about your weight? 48. Are you trying to or has anyone recommended that you gain or		 						
		ght ventricular cardiomyopathy, long OT e, Brugada syndrome, or catecholaminergic			lose weight?	<u> </u>	<u> </u>						
	morphic ventricular tachy				49. Are you on a special diet or do you avoid certain types of foods?		ļ						
		ave a heart problem, pacemaker, or			50. Have you ever had an eating disorder?		↓						
impla	anted defibrillator?	······································	<u> </u>	\perp	51. Do you have any concerns that you would like to discuss with a doctor? FEMALES ONLY								
	anyone in your family ha ires, or near drowning?	d unexplained fainting, unexplained			52. Have you ever had a menstruat period?								
management to the	ND JOINT QUESTIONS	New York	Yos	No	53. How old were you when you had your first menstrual period?								
		o a bone, muscle, ligament, or tendon			54. How many periods have you had in the last 12 months?	 							
that	caused you to miss a pra	ictice or a game?			Explain "yes" answers here	L							
		n or fractured bones or dislocated joints?	<u></u>										
injec	tions, therapy, a brace, a												
	you ever had a stress fr												
		you have or have you had an x-ray for neck ability? (Down syndrome or dwarfism)											
		orthotics, or other assistive device?											
		or Joint injury that bothers you?											
	·· · · · · · · · · · · · · · · · · · ·	painful, swollen, feel warm, or look red?	<u> </u>	$oxed{oxed}$									
<u> </u>		venile arthritis or connective tissue disease?	<u> </u>										
		st of my knowledge, my answers to											
aignature o	T BINIECO	Signature o	n parent/g	uardian	Date								
@2010 A	merican Academy of Fac	thi Physicians, American Academy of Sediate	ine Ama	doan Call	age of Sports Medicine, American Medical Society for Sports Medicine, American	0-46							

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HIGHSON

9-268 MONIE

9-2

■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam			
Name		Date of bir	th
Sex Age Grade	School	Sport(s)	
1. Type of disability			
2. Date of disability			
3. Classification (if available)			
4. Cause of disability (birth, disease, accident/tra	auma otheri		
5. List the sports you are Interested in playing			
o. List the aperta you are interested at preying			Yes No
6. Do you regularly use a brace, assistive device	prorosthetic?		
7. Do you use any special brace or assistive dev			
8. Do you have any rashes, pressure sores, or a			
9. Do you have a hearing loss? Do you use a he			
10. Do you have a visual impairment?			
11. Do you use any special devices for bowel or t	aladder function?		
12. Do you have burning or discomfort when urin	ating?		
13. Have you had autonomic dysreflexia?			
14. Have you ever been diagnosed with a heat-re	plated (hyperthermia) or cold-related (hypothermia) illness	17 , 111, 13, 13, 13, 13, 13, 13, 13, 13, 1	
15. Do you have muscle spasticity?			
16. Do you have frequent salzures that cannot be	controlled by medication?		
Explain "yes" answers here			
			CONTINUES OF A PRICE OF THE PRI
			CATTALANING AND
			보이 문화를 받아 보다를 하는 것
Please indicate if you have ever had any of the	following.		
			Yes No
Atlantoaxial instability			
X-ray evaluation for attantoaxial instability			
Dislocated joints (more than one)			
Easy bleeding			
Enlarged spicen			
Hepatitis			
Osteopenia or osteoporosis			
Difficulty controlling bowel Difficulty controlling bladder			
Numbness or tingling in arms or hands			
Numbness or tingling in legs or feet			
Weakness in arms or hands			gast gyél kalabat sa manana
Weakness in legs or feet			
Recent change in coordination			
Recent change in ability to walk			
Spina bitida			
Latex allergy			
Explain "yes" answers here		보통하고 하고 있을 수 있는 다음이다.	
I hereby state that to the hest of my knowledge	e, my answers to the above questions are complete a	and correct	
a comment a more miner on many page on mil sorpation?	at any amin'ny ny tanàna ara-dia dia amin'ny ara-displays a		
Signature of athlete	Signature of parent/guardian		Oate
	yayayayayaya karanga karanga yayayayaya karanga karanga karanga karanga karanga karanga karanga karanga karang Baranga karanga karang	Andrews Commence of the Commen	and the second s

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name				Date of	birth
Do you ever feel sad, hop Do you feel safe at your it Have you ever tried cigat Ouring the past 30 days, Do you drink alcohol or u Have you ever taken any Do you war a seat belt, Do you war a seat belt,	ns an more sensitive issues or under a lot of pressure? beless, depressed, or anxious? home or residence? ettes, chewing tobacco, snuff, or dip? did you use chewing tobacco, snuff, or dip?	ice supplement? ht or improve your perfor	mance?		
EXAMINATION					
Height	Welght	☐ Male	☐ Female		
BP /	(/) Pulse	Vision	The second secon	L 20/	Corrected DY DN
	oliosis, high-arched palate, pectus excaval axity, myopia, MVP, aortic insufficiency)	tum, arachnodactyly,	MORMAL	and the second second second	ABNORMAL FINDINGS
Eyes/ears/nose/throat Pupits equal Hearing					
Lymph nodes					
Murmurs (auscultation sta Location of point of maxim					
Pulses Simultaneous femoral and	radial pulses				
Lungs			i i i kan paramanan kan baran ba		
Abdomen					
Genitourinary (males only)* Skin HSV, lesions suggestive of	MRSA, tinea corporis				
Neurologic ^c					
MUSCULOSKELETAL Neck					
Back					
Shoulder/arm				N COLUMNICA CONTRACTOR	
Elbow/forearm					
Wrist/hand/fingers					
Hip/thigh Knee					
Leg/ankle					
Faot/taes					
Functional Duck-walk, single leg hop					
*Consider GU exam if in private sett Consider cognitive evaluation or ba Cleared for all sports witho	d referral to cardiology for abnormal cardiac histo ing. Having third party present is recommended, seline neuropsychiatric testing if a history of sign out restriction ut restriction with recommendations for fu	lificant concussion.	ent for		
☐ Not cleared					
🗀 Pending furti	ner evaluation				
☐ For any sport					
☐ For certain s					
Reason					
Recommendations					
participate in the sport(s) as	outlined above. A copy of the physical has been cleared for participation, the p	exam is on record in my	office and can be ma	ide available to the scho	clinical contraindications to practice and of at the request of the parents, if condi- the potential consequences are completely
Name of physician (print/type)					Date
Address					Phone

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Signature of physician _

MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Vame	Sex 🗆 M 🔘 F Age	Date of birth
Cleared for all sports without restriction		
Cleared for all sports without restriction with recommenda	ations for further evaluation or treatment for	
Not cleared		
☐ Pending further evaluation		
☐ For any sports		
그가 있는 그리 마음을 받는 것 같아요. 그는 이 사이를 되어 들어갔다.		
Reason		
ecommendations		
have examined the above-named student and cor linical contraindications to practice and participa		
nd can be made available to the school at the req he physician may rescind the clearance until the p		
and parents/guardians).		
ame of physician (print/type)		Date
ddress		Phone Phone
ignature of physician		, MD or Do
MERGENCY INFORMATION		
lergies		
ther information		

SCHOOL		······		SIUDE	พาเก#		
H	IENRY COUNTY SCHOOL DIS		EXTRA-CURRIC inafter "Form"		TION AND CO	ISENT FO	DRM
(PLEASE PR	NINT						
Student Nam						Male	Female
	LAST	FIR	ST	MIDDLE	Ξ		
Address					*		
:	STREET	CI	ΓΥ	STATE	ZIP	_	
Telephone (h	iome)				Date of Birth		
Date entered	9 th grade		Student's	grade level for the	current school	year	
Father's Nam	1 e	F	ather's Work Nu	mber		Cell	
Mother's Nan	ne	N	lother's Work Nu	ımber		Cell	
Student resid	les with (Names of Parent(s)/Gu submit copies of Court Order for	ardian)					
notified if stu	is domiciled at the above add ident moves from the above ad ble for GHSA competition for	dress). Students	found illegally	enrolled out of the	high schoo heir school at	l district endance	school must be zone could be
173	ve-named student attended this		ol for at least on	e full school vear?	Yes	No	
i ido dio deoi		ioning County Conto		, idii 501100, juui 1		- '''	
In an event th	Y CONTACT INFORMATION ne father or mother cannot be re the Henry County School Distric					hich any o	officer, agent, or
Name		Relationship		Home Phone	Cell Phone	Work	Phone
Name		Relationship		Home Phone	Cell Phone	Work	Phone
LONG TERM Participants REPORT AI PROGRAM,	BY ITS NATURE, PARTIC TRA-CURRICULAR ACTIVITIE I CATASTROPHIC, INCLUDING can and have the responsibility LL PHYSICAL PROBLEMS T AND INSPECT THEIR EQUIPN Indersigned hereby consents for Compete in athletics (for School Association approved Baseball Basketball Tennis	S INCLUDE A RIS PERMANENT PA to help reduce the O THEIR COACHI IENT DAILY. the above-named s	K OF INJURY RALYSIS FROM Chance of inju ES OR CLUB Student to: Sci	WHICH MAY RAM THE NECK DOWN Y. PARTICIPANT SUPERVISORS, I	NGE IN SEVE VN OR DEATH IS MUST OBE FOLLOW A P	RITY FR Y ALL S ROPER	OM MINOR TO AFETY RULES CONDITIONING
		Volieyball	Rifle	Gymnastics	Swimming	La	acrosse (LAX)
2. 3.	To accompany any school tea Each of the undersigned here submitted to the Henry Count	by verifies that the i	nformation conta	ined within this Fo	orm and in any	other docu	ımentation

MEDICAL INFORMATION: Each of the undersigned certifies that the medical history on the attached form entitled GHSA's PPE-4 concerning the above-named student is complete and accurate. Each of the undersigned understands that this will serve as the basis for determining whether the above-named student is eligible to compete in middle/high school athletics or other extra-curricular activities within the Henry County Schools. Each of the undersigned also understands any evaluation or review conducted by the Henry County School District concerning any student's medical history is only to determine whether a student meets eligibility requirements concerning participation in athletics or other extra-curricular activities. Any such evaluation or review by the Henry County School District is not a certification or guarantee of any nature concerning the health, well being, medical status, or fitness of any student to participate in any middle/high school athletics or extra-curricular activity and is not to take the place of regular medical examinations. In case of an emergency or accident on school grounds, during or related to any school, athletic, or extra-curricular activity involving the above-named student, if in the opinion of any school authorities present immediate medical or surgical attention is advisable, each of the undersigned hereby grants permission to said school authorities to obtain the services of a physician or other medical provider and to transport the above-named student to the (see next page)

named student being declared ineligible for participation in sports.

{Client: 0000143 | Matter: 0000 | Doc: 00578501.DOC}

hospital or other medical facility if it is deemed advisable by any school authorities. Each of the undersigned hereby grants permission, also, to any physician or other medical provider to treat said condition unless an undersigned parent or guardian of the above-named student is present and requests otherwise or until each of the undersigned request otherwise in writing. Each of the undersigned also hereby grants permission for any personnel of the Henry County School District to render any preventative medical treatment, first aid, emergency medical care, rehabilitative medical treatment or other assistance believed by such personnel to be advisable to protect the health and well-being of the above named student. Each of the undersigned understands and agrees that the terms hereof apply to any injury, accident, illness, or medical problem or emergency that arises as a result of or in connection with any aspect of Henry County School District athletic or extracurricular participation or any activities in any way related or incidental thereto, including but not limited to tryouts, practice, conditioning, meetings, games, and travel. Each of the undersigned also understands that reasonable efforts will be made to contact a parent (or legal guardian) of the above-named student concerning any serious or involved medical treatment.

TRANSPORTATION PERMISSION: The Henry County School District does not provide transportation to students for extra-curricular events unless required by law. As such, it is the responsibility of the parent/guardian to make arrangements for transportation to any extra-curricular events in which the above-named student may wish to participate. The Henry County School District strongly discourages students from riding with other students to and from extra-curricular events. Please be advised that the Henry County School District is not responsible for monitoring or supervising the transportation used or sought by students with respect to any athletic or other extra-curricular activities. Each of the undersigned hereby further consents on behalf of the student named above to participate in school-sponsored trips.

INSURANCE INFORMATION: Each of the undersigned hereby authorizes the release of any and all information relating to the extracurricular or athletic participation of the above named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the extra-curricular or athletic participation of such student, including ability, attitude and conduct.

Please have the parent/guardian INITIAL one of the following statements regarding insurance coverage for the above-named student for the 2018-2019 school year:

The above-named student is adequately and currently covered by accident insurance that will cover injuries sustained while participating in any school authorized activity (including, but not limited to, Varsity or Junior Varsity Football).

Company Providing Insurance

Name of insured

Policy Number

One or more of the undersigned has purchased the Benefit Plan for the above-named student provided by the Henry County School District.

Policy Number

If any insurance coverage for the above-named student expires, is terminated, cancelled, revoked, or suspended, the undersigned agree to immediately notify the Henry County School District and to immediately obtain replacement accident insurance coverage for the above-named student and provide the Henry County School District with the name of the insurance company, the name of the insured, and the policy number of such replacement insurance coverage, or alternatively, will purchase the Benefit Plan provided by the Henry County School District.

By signing this Form, each of the undersigned acknowledge and agree that each of the undersigned has read and understands this Form and agrees to all the terms set forth in this Form and that all the information contained in this Form or otherwise provided to the Henry County School District is true and correct. Each of the undersigned hereby acknowledge and agree that they have the authority and right to sign this Form on behalf of the above-named student and on behalf of all of said student's parents and guardians, and further hereby release and agree to indemnify and hold the Henry County School District and its employees, members, agents, officers, and directors, and the Henry County Board of Education and its members, and all of the successors and assigns of all of such persons and entities, harmless from any and all claims, damages, liability, and causes of action, whether known or unknown, whether now, previously, or in the future existing or arising, in any way directly or indirectly related to the above-named student's participation in any sport, extra-curricular activity, or any other activity in any way related or incidental thereto, or in any way related to any rendering, attempt to render, or failure to render any medical, health care, or other treatment of any nature to the above-named student.

This Form and all consents, acknowledgments, and agreements contained herein shall remain in effect until the specific portion of this Form that a parent or guardian wishes to revoke is identified in writing and such revocation is delivered to the Henry County School District at least three (3) days prior to the effective date such consent is terminated.

Signature(s) of Parent(s) or Guardian(s)	Date	
Signature(s) of Parent(s) or Guardian(s)	Date	
Signature of Student	Date	

Edited and Updated 4-16-15 (Date Corrected for 17-18)

{Client: 0000143 | Matter: 0000 | Doc: 00578501.DOC}



Impact Academy

Department of Leadership Services-Athletic

NCAA Initial Eligibility Core Course Requirements Student-Athlete/Parent/Guardian Acknowledgment Form

Date:	
Student/Athlet	e have received and am aware of the documents
(NCAA Initial-Eligibility Core-Course I	Requirements General Guidelines and Important New Changes for Division e NCAA Initial Eligibility Core Course Requirements effective August 1,
discussing what the NCAA considers high school or school district does no	rided the guidelines for the NCAA Core Course Requirements specifically non-traditional courses and how I can find an appropriate program if my ot provide one. Furthermore, I have been provided the appropriate igibility Center (1-800-262-1492) if I have questions or seek further
Acceleration, etc. However, I have re	onal educational opportunities are available to me for Credit Recovery, eceived and had explained the guidelines from the NCAA so that I am on as well. I have received a copy of this document for my records and one er.
Student-Athlete Name (Print)	Student-Athlete Name (Signature)
Parent/Guardian Name (Print)	Parent/Guardian Name (Signature)
School Rep./Official/Admin. (Print) (Signature)	School Rep/Official/Admin
Chart of Sample Non-Traditional Educa	ational Opportunities
NCAA approves these:	NCAA does NOT approve these
HCOA Virtual Courses Henry County 2 nd Chance	Intersession classes Faith Academy
HC Summer School GAVS Virtual Courses	3-week unit classes BYU Online

GaDOE Credit Recovery

Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: _______
DANGERS OF CONCUSSION

participation in any future practice or cont clearance. By signing this concussion form, I permission to transfer this concussion concussion and this signed concussion form will be stored with the at I HAVE READ THIS FORM AND I UNDER Student Name (Printed)	give form to the other sports that my chi form will represent myself and my c chletic physical form and other S	ild may play. I am aware of the dan hild during the 2019-2020 school yed	School gers of ar. This
participation in any future practice or conticearance. By signing this concussion form, I permission to transfer this concussion concussion and this signed concussion form will be stored with the at I HAVE READ THIS FORM AND I UNDER	give form to the other sports that my chi form will represent myself and my ci chletic physical form and other S STAND THE FACTS PRESENTED IN IT.	ild may play. I am aware of the dan hild during the 2019-2020 school yed accompanying forms required b school System.	School gers of ar. This
participation in any future practice or conticearance. By signing this concussion form, I permission to transfer this concussion concussion and this signed concussion form will be stored with the at I HAVE READ THIS FORM AND I UNDER	give form to the other sports that my chi form will represent myself and my ci chletic physical form and other S STAND THE FACTS PRESENTED IN IT.	ild may play. I am aware of the dan hild during the 2019-2020 school yed accompanying forms required b school System.	School gers of ar. This
participation in any future practice or cont clearance. By signing this concussion form, I permission to transfer this concussion concussion and this signed concussion form will be stored with the at	give form to the other sports that my chi form will represent myself and my c chletic physical form and other S	ild may play. I am aware of the dan hild during the 2019-2020 school yed accompanying forms required b	School gers of ar. This
participation in any future practice or cont clearance. By signing this concussion form, I permission to transfer this concussion concussion and this signed concussion	give form to the other sports that my chi form will represent myself and my c chletic physical form and other	ild may play. I am aware of the dan hild during the 2019-2020 school yed accompanying forms required b	School gers of ar. This
participation in any future practice or cont clearance. By signing this concussion form, I permission to transfer this concussion concussion and this signed concussion	give form to the other sports that my chi form will represent myself and my c	ild may play. I am aware of the dan hild during the 2019-2020 school yed	School gers of ar. This
participation in any future practice or cont clearance. By signing this concussion form, I permission to transfer this concussion	give form to the other sports that my chi	ild may play. I am aware of the dan	School gers of
participation in any future practice or cont clearance.		High	
		to play protocol shall be a part of the	medical
o) Any athlete diagnosed with a concussion	n shall be cleared medically by an approp		
a) No athlete is allowed to return to a gam be ruled out.	e or a practice on the same day that a co	ncussion (a) has been diagnosed, OR (b)	cannot
MD/DO) or another licensed individual ussistant, or certified athletic trainer who have			nysician
has determined that no concussion has oc	ccurred. (NOTE: An appropriate health ca	are professional may include licensed pl	nysician
Federation of State High School Association Shall be immediately removed from the pra			
BY-LAW 2.68: GHSA CONCUSSION POLICY			
 Loss of consciousness (NOTE: This 	does not occur in all concussion episodes		
 Unexplained changes in behavior a 	and personality		
 Fogginess of memory, difficulty co assignments 	ncentrating, slowed thought processes, c	onfused about surroundings or game	
 Blurred vision, sensitivity to light a 	링크 프로젝트 아프트 프로그리트 프로그램 그러는 다양 보다는 경우 하고 하는 100 MH 이 하는 100 MH 이 전 100 MH 이 전 100 MH 이 100 MH IN 100 MH IN 100 MH		
 Nausea or vomiting 			
	, moves clumsily, reduced energy level/ti	redness	
school, and one retained at home. COMMON SIGNS AND SYMPTOMS OF CON	ICUSSION		
signed by a parent or guardian of each stu			
lavel allu patelitai euutativit lii tiis alea	is crucial – that is the reason for this doc	cument. Refer to it regularly. This form r	nust be
		symptoms, as well as increased risk for	further
participation in any sport following a concurring to the brain, and even death.	ussion can lead to worsening concussion		nunucu
the brain is violently rocked back and for participation in any sport following a concu njury to the brain, and even death.	rth or twisted inside the skull as a resu	ult of a blow to the head or body. Co	
njury to the brain, and even death.	nat results in a temporary disruption of n rth or twisted inside the skull as a resu	ormal brain function. A concussion occur ult of a blow to the head or body. Co	rs when

GHSA Heat Policy

는 사람들도 한글을 하는 보고 하고 있다. 그 사람들은 사람들은 다른 사람들은 다른 사람들은 다른 사람들이 되었다. 그리고 있다면 하는 사람들이 되었다면 하는 것이다면 하는 것이다면 하는 것이다면 하는 것이다면 하는데	원생님은 보고 있는 그 사람들이 가지 않는 그리고 있는데 없는 그 것이 없다.	보고 있는 그 가장 보면 있는 것도 하고 보고 있었다. 그는 것은 것은 것은 것이 없는 것은 것은 것이 없는 것이다.
Athlete Name:		Sport:
7 (1 11010 1 10110).		- · · · · · · · · · · · · · · · · · · ·
City D., C. H. II A. Himself at the Mark O	- 2040 VF J	N
First Day Football Acclimatization: July 2	o, 2019 (5 days acclimatization required	l) First Day of Practice: August 1, 2019

- (a) Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts (including during the summer) in all sports during times of extremely high heat and/or humidity that will be signed by each head coach at the beginning of each season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sport Medicine in regard to:
 - 1. The scheduling of practices at various heat/humidity levels

B-LAW 2:67 - "Practice Policy for Heat and Humidity

- 2. The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels
- 3. The heat/humidity level that will result in practice being terminated
- (b) A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly. WBGT readings should be taken every hour, beginning 30 minutes before the beginning of practice.

UNDER 82.0	Normal activities – Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout
82.0 - 86.9	Use discretion for intense or prolonged exercise; watch at-risk players carefully; provide at least three separate rest breaks each hour of a minimum of four minutes duration each.
87.0 – 89.9	Maximum practice time is two hours. For Football: players restricted to helmet, shoulde pads, and shorts during practice. All protective equipment must be removed for conditioning activities. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of four minutes each.
90.0 - 92.0	Maximum length of practice is one hour. For Football, no protective equipment may be worn during practice and there may be no conditioning activities. For All Sports: There must be 20 minutes of rest breaks distributed during the hour of practice.
OVER 92	No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT level is reached.

- (c) Practices are defined as: the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the field until they leave. If a practice is interrupted for a weather –related reason, the "clock" on that practice will stop and will begin again when the practice resumes.
- (d) Conditioning activities include such things as weight training, wind sprints, timed runs for distance, etc., and may be a part of the practice time or included in "voluntary workouts."
- (e) A WALK THROUGH is not a part of the practice time regulation, and may last no longer than one hour. This activity may not involve conditioning activities or contact drills. No protective equipment may be worn during a walk-through, and no full-speed drills may be held.
- (f) Rest breaks may not be combines with any other type of activity and players must be given unlimited access to hydration. These breaks must be held in a "cool zone" where players are out of direct sunlight.

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