



# PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date \_\_\_\_\_ Exp. Date (good for 365 days) \_\_\_\_\_

### PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

**PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.**

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.** By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for \_\_\_\_\_ to compete in athletics for High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the Competitor's Brochure.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to the General Eligibility Guidelines as outlined in the Competitor's Brochure.

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

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

**NOTE:** It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

**NOTE:** The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

**PHYSICIAN SIGNATURE REQUIRED ON BACK**

**PART III -- PHYSICAL EXAMINATION**

**PART II -- MEDICAL HISTORY**  
 This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

MEDICAL HISTORY OF STUDENT & FAMILY		YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY		YES	NO
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	32.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently taking any prescription or non-prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Date of last head injury or concussion:		
5.	Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36.	Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37.	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has a doctor ever told you that you have (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"/>	<input type="checkbox"/>	42.	When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	44.	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	47.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	48.	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever had an injury, like a sprain, ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	49.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	50.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	51.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	52.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	53.	What is the date of your last Tetanus immunization? Date: _____		
23.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	54.	How many periods have you had in the last 12 months?		
24.	Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	55.	Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here:			
26.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>				
27.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>				
28.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>				
29.	Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>				
30.	Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>				

Parent/Guardian Signature: \_\_\_\_\_  
 Athlete's Signature: \_\_\_\_\_

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
 HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 \*Tanner Stage or Maturation Index? (males only): \_\_\_\_\_ BP: \_\_\_\_\_  
 \*Percent Body Fat: \_\_\_\_\_ Pulse: \*(rest) \_\_\_\_\_  
 \*Audiogram \_\_\_\_\_ \*(Exercise) \_\_\_\_\_  
 \*(Recovery) \_\_\_\_\_  
 \*FEV or Peak Flow (rest) \_\_\_\_\_  
 \*(Exercise) \_\_\_\_\_  
 \*(Recovery) \_\_\_\_\_  
 \* Vision: Corrected: (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_  
 Uncorrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_

	N	Abnormal	N	Abnormal
Eyes			Cervical Spine/neck	
Ears			Back	
Nose			Shoulders	
Throat			Arm/elbow/wrist/hand	
Teeth			Knees/hips	
Skin			Ankle/feet	
Lymphatic			Marfan Screen	
Lungs			*Urine	
Heart			*Hemoglobin or HCT and or Iron stores	
Peripheral pulses			^Echocardiogram	
Abdomen			^Neurophysc Testing	
Genitalia/hemlia (male only)			^Pelvic Examination	

**\*WHEN MEDICALLY INDICATED**  
 (Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

**^WITH SPECIAL INDICATIONS**  
 (These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

**I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.**

**CLEARED WITHOUT RESTRICTIONS**  
 Cleared AFTER further evaluation or treatment for:  
 Not cleared for (specific sports): \_\_\_\_\_  
 Cleared only for (specific sports): \_\_\_\_\_  
 Reason(s): \_\_\_\_\_

**NOT CLEARED FOR PARTICIPATION:**  
 Reason(s): \_\_\_\_\_  
 Other Recommendations:  
 Recommend monitoring during early conditioning because of weight/fitness/other  
 Recommend restrictions or monitoring of weight loss or gain  
 Other: Reasons: \_\_\_\_\_

MD/DO, PA, NP, DE-SPC-#, Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 Date of Examination: \_\_\_\_\_  
 NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print): \_\_\_\_\_  
 Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 City \_\_\_\_\_

PARK COUNTY SCHOOL DISTRICT  
Athletic Emergency Card

Athlete		Phone	
Address	City		Zip
Age	Grade	Height	Weight
Allergies			
Previous Injuries			
Family Doctor		Phone	
Insurance Policy		Number	
Mother	Father		
Home Phone	Home Phone		
Work Phone	Work Phone		
Cell Phone	Cell Phone		
Other Emergency Number			

I Hearby give permission for the coach or other school official to arrange for emergency treatment for the above named student with a physician or hospital emergency room in the event that I/We cannot be notified. I understand that the school does not carry insurance for any loss that may be sustained due to injury as a result of athletic participation.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



**PARK COUNTY SCHOOL DISTRICT RE 2**

**STUDENT ACCIDENT OR HEALTH INSURANCE**

**2019-2020**

Student must have accident insurance to participate in all sports, including winter activities. Park County School District RE2 has access to affordable accident insurance and health plans for students. A brochure is enclosed, with instructions for enrolling online.

If you apply online, print out a proof of insurance and bring it to the school office or the Athletic Director.

If your student is insured through your personal provider, fill out the information below. You will need to **bring each student's insurance card to the Athletic office** to be photocopied.

Student Name: \_\_\_\_\_.

Insurance Company: \_\_\_\_\_.

Policy Number: \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_.

Date: \_\_\_\_\_.



# SOUTH PARK WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

Instruction: Sign both copies, retain one for your records, and return the other to your school.

Student's Name _____	Sport(s) _____
This will acknowledge that we have read and understand the material contained in the NOTICE TO ATHLETES AND PARENTS OR GUARDIANS.	
_____	_____
_____	_____

\* \* \* \* \*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student





# PARENT'S CODE OF CONDUCT

(Adapted from USA Hockey, 1998 and 1999)

**Do not force your children to participate in athletics, but support their desire to play. Children are involved in organized sports for their enjoyment. Make it fun!**

**Encourage your child to play by the rules. Remember that children learn best by example, so applaud the good plays of both teams.**

**Do not embarrass your child by yelling at players, coaches, or officials. By showing a positive attitude toward the game and all of its participants, your child will benefit.**

**Emphasize skill development and practices and how they benefit your child.**

**Know and study the rules of your child's sport, and support the officials on and off the field/court. This approach will help in the development and support of the game. Any criticism of the officials only hurts the game.**

**Applaud a good effort in both victory and defeat, and enforce the positive points of the game.**

**Never yell or physically abuse your child after a game or practice. It is destructive. Work toward removing physical and verbal abuse in sports.**

**Recognize the importance of high school coaches. They are important to the development of your child and the sport. Communicate with them and support them.**

**If you enjoy sports, learn all you can and dedicate time as a volunteer!**

## PARENT BEHAVIOR CONTRACT

**If I am in violation of any of the above conduct rules, I agree to the following:**

**Compliance to a verbal warning from a member of the coaching staff, official, or administrative staff for breaking the code of conduct.**

**Compliance to leave the stands if asked to by a member of the coaching staff, official, or administrative staff for breaking the code of conduct.**

**I have read the above. I will follow the code of conduct. I acknowledge the penalty incurred for any violations of the rules any time before, during or after team functions.**

**Parent Signature** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_



**SOUTH PARK**  
**ATHLETIC DEPARTMENT**  
**SOCIAL MEDIA RULE**

**Be smart with social media.** *All athletes and their parents should be mindful of what is said and posted on social media sites such as Facebook, Twitter, Instagram, YouTube, email and text. It is strongly recommended that you do not put negative things about teammates, managers, or coaches in your pictures, messages, or posts. Don't give opponents material that will fire them up. In addition to things that pertain to your specific sport, it is wise to be careful about what you share as individuals. Let your posts reflect positively on you. We want to be a group that the school and community will support. If you are putting a bunch of negative things out there, you hurt the reputation of the entire team and the athletic department. Any use of social media sites to post lewd, profane, inappropriate, compromising, illegal, or unacceptable pictures or statements are prohibited and any violation of this rule will be met with consequences for the athlete.*

Violations of the above rule will be reviewed by coaches and communication will take place with the athlete, parents, athletic director and principal (if necessary).

- 1<sup>st</sup> Offense will result in a one game suspension
- 2<sup>nd</sup> Offense will result in a full two week suspension (practice and games)
- 3<sup>rd</sup> Offense will result in removal from the team

South Park takes extreme pride in our athletes and the results of social bullying and negativity can have detrimental impacts on them as players, students and people.

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Athlete

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Parent

*\*We can't control what you put out there in the cyber-world. We are not trying to take away your freedom of speech. We are just letting you know that there are consequences for what you post while you are involved with sports at South Park. Having high standards for yourself yields positive returns.*



**Park County School District Re-2 Extra-Curricular Activities  
Participant Training Rules and Academic/Attendance Eligibility  
Standards Agreement**

We, the undersigned, agree to these terms and conditions for participating in Park County School District Re-2 athletics/activities. We have had an opportunity to read these training rules. We agree to abide by all rules and accept the consequences for behavior that violates these rules and policies. PLEASE SIGN, DATE, AND RETURN THIS FORM TO YOUR COACH OR SCHOOL OFFICE BEFORE PARTICIPATION.

\_\_\_\_\_  
Student Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\*\*The student is ineligible to participate in Park County School District Re-2 athletics/activities unless this Agreement is signed by his/her parent/guardian.



**CONSENT TO TREAT:**

This form is to inform you of the athletic training services associated with the sports programs at your school. The school district has entered into agreement with Heart of the Rockies Regional Medical Center to provide Athletic Training services at **NO CHARGE** to the school and student athletes. An Athletic Trainer assigned to your high school will be the primary provider of these services. As scheduling allows, the Certified Athletic Trainer will be present at some team practices as well as some of the home competitions. In the event it is determined your child needs further evaluation, treatment and/or transportation to the emergency department any and all charges incurred will be the responsibility of the child's parent(s) or guardian(s). If you have a physician whom you would prefer to provide ongoing care following the exam we will forward your child's medical records to that physician at your request.

I hereby authorize the Certified Athletic Trainer(s) and sports medicine staff acting on behalf of HRRMC Orthopedic Sports Medicine Center to evaluate and treat any injury/illness which occur as a result of participation in school athletics, weights, activity classes, or non-sport related injuries which may impact an athlete's participation in sports. This also includes any and all reasonable and necessary preventative care, treatment and rehabilitation of these injuries and illnesses.

I hereby grant permission for the Certified Athletic Trainer(s) to administer pre-packaged, non-prescription Over the Counter Medications (OTC) (Tylenol i.e., acetaminophen), Advil i.e., Ibuprofen, Pepto Bismol/Diotame i.e., bismuth subsalicylate) and Medi-Lyte electrolytes). I understand that the Certified Athletic Trainer will provide the medication in single dose only. No medication will be provided for long term use. HRRMC and the Certified Athletic Trainer accept no responsibility for OTC medications that are defective either by their dosage or dosage recommendations or those that are misused by the athlete.

I understand and agree if my child experiences an injury/ illness or change in their health status it is my and my child's responsibility to inform the Head Coach and the Certified Athletic Trainer.

**Consent to Release Medical Information:**

I hereby give consent for HRRMC's Certified Athletic Trainer(s) to communicate my child's pertinent medical information to his/her coaches, teachers, counselors, school district administration staff and medical service providers as appropriate to safeguard his/her physical and academic wellbeing.

Student's name: \_\_\_\_\_

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





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Student's name: \_\_\_\_\_

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

