



ATHLETIC CLEARANCE PACKET

TO PARTICIPATE IN ANY ATHLETIC PROGRAM:

All athletic forms must be completed and turned in prior to any participation on an athletic team (practices, games, scrimmages, etc.). All forms can be downloaded off the school website or found in the Athletic Director's Office.

All forms must be in their original form- NO FAXES or COPIES are accepted. All paperwork must be cleared through the athletic office prior to participation. Paperwork may be turned in to the athletic office directly; forms may NOT be turned in to coaches.

Once a student is placed on a roster, they have been participating and receiving coaching instruction; therefore, they are now responsible for the athletic fees.

Athletic fees are due and payable 10 days after the student athlete is placed on the final roster. Non-payment of the sports fee will result in non-participation. If a student is unable to participate during the regular season due to personal, health, academic, or disciplinary reasons, no refund of the sport fee will be made. Payment plans can be arranged by contacting Mrs. Monica Juarez in the Finance Office. mjuarez@pomonacatholic.org

POMONA CATHOLIC ATHLETIC CLEARANCE FORMS FOR HS/MS INCLUDE:

1. Authorization for emergency medical treatment
2. Uniform Rental Agreement
3. Pomona Catholic Parent/Student-Athlete Code of Conduct Travel Permit
4. Potential of Physical Injury Acknowledgement Form (High School ONLY)
5. Parent/Athlete Concussion Information Sheet (High School ONLY)
6. Cardiac Arrest Information Sheet (High School ONLY)
7. CIF Code of Ethics (High School ONLY)
8. Participation Contract
9. Student & Youth Activity Permission Form (Middle School ONLY)
10. Travel Permit
11. Pre-participation Physical Evaluation (must be signed and stamped by a physician)

Thank you for the opportunity to be involved with your student athlete.
With thoughts and prayers,

God Bless,
Daniel Threadgill





POMONA CATHOLIC HIGH SCHOOL & MIDDLE SCHOOL ATHLETIC DEPARTMENT
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

CIRCLE SPORT(S) YOU ARE TRYING OUT FOR:

MS SPORTS:

- Girls Basketball Boys Basketball Flag Football
- Girls Softball Girls Soccer Boys Soccer
- Girls Volleyball Boys Volleyball

HS SPORTS:

- Basketball Cheer Cross Country
- Golf Soccer Softball
- Swim Tennis Track and Field
- Volleyball Water Polo

STUDENT'S NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

FATHER'S WORK PHONE _____ FATHER'S CELL PHONE _____

MOTHER'S WORK PHONE _____ MOTHER'S CELL PHONE _____

LOCAL EMERGENCY CONTACT NAME _____ PHONE _____

INSURANCE COMPANY _____ POLICY NO. _____

FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

	YES	NO		YES	NO
1. Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently taking any prescription or nonprescription medication?	<input type="checkbox"/>	<input type="checkbox"/>	12. Do you cough, wheeze or have trouble breathing during or after activities?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you use an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	13. Record the dates of your most recent immunization for:		
4. Do you have any allergies? (ex: medicines, foods, insect bites)	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus: _____ Measles _____		
5. Have you ever passed out?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B: _____ Chickenpox: _____		
6. Do you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	14. If you answered YES to any questions above, please explain below.		
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Explain _____		
8. Have you ever been knocked out or become unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
9. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have frequent/severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>			

I hereby authorize school personnel to consent to any x-ray, anesthetic, medical diagnosis, care or treatment needed for my child in case of illness/accident. I give permission to the physician selected by the school personnel to render. Medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

This authorization shall remain in effect for one year unless revoked in writing to the principal. I understand that Pomona Catholic assumes no liability of any nature in relation to the transportation or treatment of the above named student. I further understand that all costs of paramedic transportation, hospitalization, examination, x-ray, or any other treatment provided in relation to this authorization shall be my responsibility. Pomona Catholic offers supplemental insurance for students as outlined in the Parent/Student Handbook. Parents wishing to use the insurance to help with the medical expenses must contact Pomona Catholic's Health Office within 24 hours of injury.

 PARENT OR LEGAL GUARDIAN SIGNATURE:

 DATE



POMONA CATHOLIC HIGH SCHOOL & MIDDLE SCHOOL ATHLETIC DEPARTMENT
**POMONA CATHOLIC'S
 UNIFORM RENTAL AGREEMENT**

The uniform you are being issued is the property of Pomona Catholic School and its athletic programs. Each student-athlete issued a uniform is responsible for properly handling and caring for it throughout the duration of the rental period. All student-athletes must abide by the following terms and conditions while renting an athletic uniform:

1. Student-athletes are responsible for any stains, tears, or other damages to the uniform while in their care.
2. Student-athletes are responsible for keeping the uniform clean and in its issued condition.
3. Uniforms are to be worn for designated activities ONLY. Do not wear the uniform unless the coach has given the student-athlete permission to do so. Wearing it for senior pictures is permissible.
4. DO NOT alter any part of the uniform.
5. Any individual misusing or abusing, including not properly cleaning, their uniform will lose the privilege to wear it.
6. All uniforms must be cleaned prior to returning it at the end of their season.
7. ANY damages and/or alterations are subject to a fine which will be specific to the cost of replacing the uniform.
8. ANY uniform that is not returned BY THE DUE DATE will be subject to a fine which will be specific to the cost of replacing the uniform.

I have read and understand the above terms and conditions for renting a Pomona Catholic uniform, and I agree to abide by this uniform rental agreement. I understand that if I violate any of these terms, I am financially responsible for any damages or losses caused.

 STUDENT ATHLETE NAME (PRINT)

 STUDENT ATHLETE SIGNATURE

 PARENT/GUARDIAN SIGNATURE

For Office Use Only:

SPORT _____ CHECK OUT DATE _____

CONDITION OF UNIFORM _____

DUE DATE _____ CHECK IN DATE _____

CONDITION OF UNIFORM _____



POMONA CATHOLIC HIGH SCHOOL & MIDDLE SCHOOL ATHLETIC DEPARTMENT ATHLETIC CODE OF CONDUCT PARENT + STUDENT CONTRACT

Your daughter has indicated a desire to compete in interscholastic athletics at Pomona Catholic High School/Middle School. This decision involves certain responsibilities on the part of both parent and student.

The philosophy of Pomona Catholic is one that fosters the spiritual, academic, and social development of the student. A program of interscholastic sports is offered for those who choose to participate in athletic and physical development. All athletic activities shall be in conjunction with the rules and regulations set forth by the California Interscholastic Federation (HS Athletes) and Catholic Youth Organization (MS Athletes).

THROUGH PARTICIPATION IN THE ATHLETIC PROGRAM AT POMONA CATHOLIC, THE STUDENT-ATHLETE SHOULD DEMONSTRATE THE FOLLOWING:

1. Good sportsmanship through a cooperative effort.
2. Proficiency in the abilities and skills of the particular sport.
3. Respect for the lines of authority that exist as a function of the organization of the particular sport within the context of the school environment.
4. Responsibility in terms of the personal commitments of the athletes to their school work, teachers, coaches, teammates, and family.
5. Pride in the representation of Pomona Catholic School through quality athletic participation.

IN ACCORDANCE WITH THE ABOVE PHILOSOPHY, THE FOLLOWING GUIDELINES HAVE BEEN SET:

1. Coaches, Players & Game Officials are to be treated with respect at all times by both parents and athletes. Athletes will be removed from a game if they or their parents are behaving in a manner not representative of this philosophy.
2. No abusive, vulgar, profane, or offensive language will be used by any player or parent at any time.
3. Alcohol, tobacco, and narcotics are injurious to the body. For your physical, mental, and moral betterment the use of these substances will not be permitted.
4. Athletes must adhere to the school policy governing scholastic eligibility for extracurricular activities as stated in the student handbook and athletics handbook.

Please sign below indicating you have read the information above including the Athletics Handbook and fully understand the policies set forth by Pomona Catholic School and are aware of the responsibilities, obligations, and risk of injury as a student-athlete. By signing you are also indicating your approval and support of Pomona Catholic Athletic Program. It should also be understood that this agreement is by no means inclusive of all the rules and regulations governing Pomona Catholic Athletics. Athletic policies are further defined in the C.I.F. Blue Book, National Federation Rules, CYO, Pomona Catholic Parent/Student Handbook, etc.

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE



STUDENT AND PARENT/GUARDIAN ATHLETIC PARTICIPATION

POTENTIAL RISK OF PHYSICAL INJURY ACKNOWLEDGEMENT FORM

BOTH THE PARTICIPATING STUDENT AND A PARENT OR GUARDIAN MUST READ CAREFULLY AND SIGN.

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 the school principal for further information,

I/we, the parent(s)/guardian(s) of the above named student, acknowledge that I/we have been advised, cautioned, and warned by representatives of Pomona Catholic that my/our child may suffer serious injury, paralysis or death from participating in any sport. I/we understand, am aware of and appreciate the above warnings and information. I/we give my/our consent for the above named student to participate in any sport for the current school year.

I/WE UNDERSTAND THAT THERE IS ALWAYS POTENTIAL RISK OF INJURY TO MY/OUR CHILD WHILE PARTICIPATING IN SPORTS

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE



CIF CONCUSSION INFORMATION SHEET



CIFSTATE.ORG
REVISED, 10/2017 CIF

WHY AM I GETTING THIS INFORMATION SHEET?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.
3. Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

WHAT IS A CONCUSSION AND HOW WOULD I RECOGNIZE ONE?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person. Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

WHAT CAN HAPPEN IF MY CHILD KEEPS PLAYING WITH CONCUSSION SYMPTOMS OR RETURNS TOO SOON AFTER GETTING A CONCUSSION?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.



CIF CONCUSSION INFORMATION SHEET



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* SIGNS OBSERVED BY TEAMMATES, PARENTS AND COACHES INCLUDE:

- + Looks dizzy
- + Looks spaced out
- + Confused about plays
- + Forgets plays • Seizures or “has a fit”
- + Any change in typical behavior or personality
- + Answers questions slowly
- + Slurred speech
- + Shows a change in personality or way of acting
- + Can't recall events before or after the injury
- + Is unsure of game, score, or opponent
- + Moves clumsily or awkwardly • Passes out

* SYMPTOMS MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

- + Headaches
- + “Pressure in head”
- + Nausea or throws up
- + Neck pain
- + Has trouble standing or walking
- + Blurred, double, or fuzzy vision
- + Bothered by light or noise
- + Feeling sluggish or slowed down
- + Feeling foggy or groggy
- + Drowsiness
- + Change in sleep patterns
- + Loss of memory
- + “Don't feel right”
- + Tired or low energy
- + Sadness
- + Nervousness or feeling on edge
- + Irritability
- + More emotional
- + Confused
- + Concentration or memory problems
- + Repeating the same question/comment

WHAT IS RETURN TO LEARN?

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid or limit reading, texting, video games, loud movies), or may even need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines and return to complete school before beginning Return to Play, unless your physician makes other recommendations. **Go to the CIF website (cifstate.org) for more information on Return to Learn.**

HOW IS RETURN TO PLAY (RTP) DETERMINED?

Concussion symptoms should be completely gone before returning to competition. A RTP progression is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a physician trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

FINAL THOUGHTS FOR PARENTS AND GUARDIANS:

It is well known that students will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- + American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- + Consensus statement on concussion in sport: the 5th International Conference on Concussion in Sport held in Berlin, October 2016
- + <http://www.cdc.gov/concussion/HeadsUp/youth.html>



POMONA CATHOLIC HIGH SCHOOL & MIDDLE SCHOOL ATHLETIC DEPARTMENT ATHLETIC CODE OF CONDUCT PARENT + STUDENT CONTRACT



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SCHOOL:

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any student-athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

For current and up-to-date information on concussions you can visit:
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE CIF CONCUSSION INFORMATION SHEET.

_____ STUDENT-ATHLETE (SIGNATURE)	_____ STUDENT-ATHLETE NAME (PRINTED)	_____ DATE
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_____ PARENT OR LEGAL GUARDIAN (SIGNATURE)	_____ PARENT OR LEGAL GUARDIAN NAME (PRINTED)	_____ DATE
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KEEP THEIR HEART IN THE GAME



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* RECOGNIZE THE WARNING SIGNS & RISK FACTORS OF SUDDEN CARDIAC ARREST (SCA):

Tell your coach and consult you doctor if these conditions are present in your student-athlete

POTENTIAL INDICATORS THAT SCA MAY OCCUR

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

FACTORS THAT INCREASE THE RISK OF SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

WHAT IS CIF DOING TO HELP PROTECT STUDENT-ATHLETES?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from paly after displauing signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athlets about their heart health and everyone associat-ed with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE (SIGNATURE)	STUDENT-ATHLETE NAME (PRINTED)	DATE
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PARENT OR LEGAL GUARDIAN (SIGNATURE)	PARENT OR LEGAL GUARDIAN NAME (PRINTED)	DATE
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FOR MORE INFORMATION ABOUT SUDDEN CARDIAC ARREST VISIT

CALIFORNIA INTERSCHOLASTIC FEDERATION: www.cifstate.org
 ERIC PAREDES SAVE A LIFE FOUNDATION: www.epsavealife.org
 NATIONAL FEDERATION OF HIGH SCHOOLS (20-MINUTE TRAINING VIDEO) :
<https://nfhslearn.com/courses/61032>



POMONA CATHOLIC HIGH SCHOOL & MIDDLE SCHOOL ATHLETIC DEPARTMENT
CODE OF ETHICS
ATHLETES



CIFSTATE.ORG
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DO NOT SEND TO CIF SOUTHERN SECTION
A COPY OF THIS FORM MUST BE KEPT ON FILE IN THE ATHLETIC DIRECTOR'S OFFICE AT THE LOCAL HIGH SCHOOL.

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 503.I).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition.

We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

STUDENT-ATHLETE (SIGNATURE)	STUDENT-ATHLETE NAME (PRINTED)	DATE
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PARENT OR LEGAL GUARDIAN (SIGNATURE)	PARENT OR LEGAL GUARDIAN NAME (PRINTED)	DATE
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