



**Amphitheater
Middle**



**Coronado
K-8**



**Cross
Middle**



**La Cima
Middle**



**Wilson
K-8**

**PARTICIPATION
FORMS
for
INTERSCHOLASTIC
ACTIVITIES**



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AMPHITHEATER PUBLIC SCHOOL DISTRICT CONDITIONS FOR INTERSCHOLASTIC PARTICIPATION

The Amphitheater Public School District sponsors a comprehensive interscholastic program for all students enrolled in our middle schools. Student participation in interscholastic activities is governed by the rules and regulations established by the Amphitheater Public School District and the Northwest League.

Prior to participating in any practice session, in-season or off-season workout session, summer workout session, or athletic season, each student/participant **MUST**:

1. Be officially enrolled in, and attend, the middle school in his/her designated attendance area.
2. Be eligible in all areas of interscholastic eligibility in accordance with the rules and guidelines of the Northwest League, Amphitheater School District, and site Athletic Department.
3. As a condition of interscholastic participation in the Amphitheater Public School District, each interscholastic participant and parent(s)/guardian(s) **MUST** read and agree to the attached rules and regulation. This information has been developed to provide for the safety and welfare of each participant. After reading this information, each parent/guardian and student-athlete is **REQUIRED TO SIGN** the following documents and return these documents to their middle school. A student-athlete **CANNOT** participate until all items have been completed.

DOCUMENTS TO BE COMPLETED AND SIGNED BY THE INTERSCHOLASTIC PARTICIPANT AND PARENT/GUARDIAN:

- Acknowledgement of Rules and Terms for Interscholastic Participation
- Annual pre-participation and Physical Evaluation Forms

DOCUMENTS TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN:

- Consent for Interscholastic Participation and Emergency Information

ADDITIONAL REQUIRED INFORMATION:

- Mild Traumatic Brain Injury (MTBI) / Concussion Statement (Concussion handouts available in the Middle School Athletic Office)*
- Paid participation fee

AMPHITHEATER PUBLIC SCHOOL DISTRICT ELIGIBILITY RULES FOR INTERSCHOLASTIC PARTICIPATION

The following are some of the more important eligibility rules that are set forth by the Amphitheater Public School District. Failure to comply with these rules can cause an athlete to be declared ineligible.

1. A student is privileged with eligibility for three consecutive seasons in each sport or activity and for six consecutive semesters after he/she enrolls in the 6th grade (including 6th grade year).
2. If a student becomes 15 years of age after September 1st, he/she is eligible to compete for the remainder of that school year, if all other qualifications are met. For exceptions, the Northwest League may grant a waiver.
3. **ACADEMIC ELIGIBILITY –**
 - Nine-week grades – Students who receive a nine-week grade of “I”, “F”, “NC”, “NM”, “U”, or a Grade Point Average of less than a 2.0, will be ineligible for at least four and one-half weeks. A student’s eligibility may not be reinstated prior to the Tuesday of the fifth week. **Please review the schedule of eligibility reinstatement dates with your administrator.**
 - Students may use summer school to regain eligibility for fall participation if they meet the established criteria. **You MUST see your administrator in charge of interscholastic participation prior to enrolling in summer school for eligibility requirements.**
4. “The Amphitheater Public School District therefore maintains a zero tolerance, “24/7” policy, on the use of tobacco, drugs, or alcohol by interscholastic participants. Any interscholastic participant who uses, possesses or transfers alcohol, drugs, or tobacco, **at any time** during their active season of competition, will be immediately removed from the activity for the balance of the season. **This rule applies 24 hours a day, seven days a week, regardless of a student’s location.**”
5. High school eligibility will be determined by the grades from the spring semester of the 8th grade. Students may tryout and practice in an activity but may not compete until academic eligibility is restored.
6. Students **MUST** attend all classes on the day of practice or competition. **Exceptions** must be cleared through the Athletic/Activities Office prior to the absence. Violation of this rule will result in a period of ineligibility of no less than one competition.
7. Students assigned to in-school suspension or a suspension alternative shall not compete during the suspension period (schools may have more stringent policies).
8. Each student-athlete must pay a \$37.00 athletic participation fee for each sport/activity in which he/she competes. This fee is **non-refundable** after the first contest.
9. Before a participant can **TRYOUT OR PRACTICE**, he/she must have the following on file:
 - a) Signed Consent for **Interscholastic Participation** form and **Emergency Information**
 - b) Signed **Acknowledgement of Rules and Terms** - Interscholastic Participation form
 - c) **Mild Traumatic Brain Injury (MTBI) / Concussion Statement**
 - d) Completed **pre-participation** forms and **Physical Examination** forms
 - e) Paid the **Athletic Participation Fee**
10. The Amphitheater Public School District does not provide medical insurance coverage for students who are involved in interscholastic sports. The parent(s)/guardian(s) are responsible for all medical costs due to any injury that may occur during normal practice or actual competition.

11. Students involved in athletics will be issued school equipment. All equipment is numbered and students **MUST RETURN THE EXACT EQUIPMENT THEY WERE ISSUED TO AVOID HAVING TO PAY FOR ITS REPLACEMENT. EQUIPMENT/UNIFORM LAUNDRY DIRECTIONS SHOULD BE CAREFULLY FOLLOWED.** Damage from improper laundering of equipment is the responsibility of the student. If the equipment is not returned within 10 school days following the end of the sport season (whether lost or stolen), you will be automatically charged full replacement value for the equipment. **The Amphitheater Public School District is not responsible for any items or valuables in locker rooms/lockers.**
12. Athletes who are ejected from any contest are ineligible for the remainder of the contest and the next scheduled contest. Students ejected for a second time are ineligible for the next two contests. A third ejection will result in the student becoming ineligible for the remainder of the sport season. Athletes who are involved in altercations or disruptions of any kind before or after the contest may be subject to a two-game contest suspension.
13. All students will travel to events on District transportation and will abide by all District bus rules and regulations.

AMPHITHEATER PUBLIC SCHOOL DISTRICT INTERSCHOLASTIC PARTICIPANT CODE OF CONDUCT

Participation in interscholastics is a privilege. Interscholastic participants **EARN** the privilege to participate by adhering to high standards of personal conduct and ethical behavior as found within the six core principles of sportsmanship; **Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship**. These standards are intended to exemplify good character traits and are rationally related to the educational process. “Students **SHOULD** be aware that their personal conduct and attitude **MUST** reflect high standards of respect, behavior, and loyalty.” Interscholastic participants are given **UNIQUE** opportunities. Therefore, they have a **REQUIRED** responsibility to themselves, their team, school, and community.

It is the **RESPONSIBILITY** of the interscholastic participant and his/her parent(s)/guardian(s) to be familiar with the standards of student conduct, residency requirements, and Amphitheater Public School District, Region/Conference/League, and school guidelines.

STUDENT CONDUCT:

1. Refrain from the use or possession of alcohol, drugs, or tobacco.
2. Refrain from any form of hazing of fellow students.
3. Refrain from the use of foul language.
4. Maintain high standards of conduct as a student and as a citizen.
5. Submit all “Participation Forms” with accurate information to the Athletic Department.
6. Do not attempt to circumvent any rules or guidelines of the Amphitheater Public School District or school.

STUDENT RESIDENCE REQUIREMENT:

1. Attend the school in the student’s designated attendance zone (see Athletic Office with questions).
2. Reside with parent(s)/legal guardian(s) at the primary residence address of the student’s parent(s)/legal guardian(s).

STUDENT ATHLETIC AGREEMENT:

1. Abide by the “Student/Athlete’s Code of Conduct.” Model the “Pursuing Victory with Honor, Six Pillars of Character”, in all that you do.
2. Pledge to be positive about your athletic experience and accept responsibility for your actions.
3. Seek academic help if grades are poor.
4. Maintain scholastic eligibility (comply with school and Amphitheater Public School District guidelines).
5. Create, maintain, and promote team morale and high ideals of sportsmanship.
6. Be a positive role model for others.
7. Dress properly at school and observe proper etiquette.
8. Be responsible for all issued equipment.
9. Respect and abide by decisions of officials on the court/field.

It is understood that it is impossible to have a regulation for every circumstance. Discretionary judgment will be used in situations not covered by a specific written rule or guideline. A student-athlete or his/her parent(s)/guardians(s) may obtain an explanation of any part of the Student-Athlete’s Code of Conduct from a coach, the school’s Athletic Director, or the school district’s Athletic Administrative Office.

AMPHITHEATER PUBLIC SCHOOL DISTRICT INTERSCHOLASTIC PARENT/GUARDIAN CODE OF CONDUCT

The essential elements of character building and ethics in athletics are embodied in the concept of sportsmanship and six core principles: **Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship**. The highest potential of athletics is achieved when competition reflects these “**Six Pillars of Character.**”

A good faith effort to honor the words and spirit of the following code of conduct should be made.

PARENT/GUARDIAN CONDUCT:

1. Pledge to provide positive support, care, and encouragement to my student/athlete and his/her team, coaches, and school.
2. Pledge to provide positive support and encouragement to the visiting team, their coaches, and school.
3. Maintain positive behavior and attitude at all athletic contests.
4. Respect the position and professionalism of the game official.
5. Refrain from the use of foul language.
6. Refrain from yelling criticism at my student/athlete and his/her coach or team.
7. Refrain from interfering with the coach.
8. Willing to let the coach be responsible for my student during practice, games, and team related activities.
9. Refrain from making derogatory comments to players, other parents, game officials, or school administrators.
10. Sign and submit, with accurate information, all required participation forms to the Athletic Office.
11. Will not circumvent any rules or guidelines of the Amphitheater Public School District or school.
12. Refrain from interfering with practices or games.
13. Respect and accept, with dignity, the final decisions of officials.

PARENT/GUARDIAN AGREEMENT:

1. Abide by the “Parent/Guardian Code of Conduct.”
2. Encourage my student to abide by the “Student-Athlete Code of Conduct.”
3. Encourage good sportsmanship by personally demonstrating positive support for all players, coaches, and game officials.
4. Be involved in my student’s interscholastic program.
5. Ask my student-athlete to treat other players, coaches, fans, and officials with respect, regardless of race, sex, creed, or ability.
6. Encourage my student-athlete to attend school on a regular basis and strive to excel academically.
7. Inform my student-athlete of the dangers of using and discourage the use of, illegal drugs, alcohol, or tobacco.
8. If my student is injured, I will assure that he/she does not participate until the student-athlete has been released by the treating physician and Athletic Trainer.

It is the policy of the Amphitheater Public School District Interscholastic Department that grievances should not be addressed during or immediately after any practice or athletic contest. If a situation arises where a parent or guardian wishes to meet with a coach or address a specific issue or complaint, the following steps should be followed: (1) request a meeting at school with the coach; (2) if the problem is unresolved, arrange an appointment with the school’s Athletic Director.

AMPHITHEATER PUBLIC SCHOOL DISTRICT INTERSCHOLASTIC SPORTSMANSHIP/COMMUNICATION

Over the years, the Amphitheater Public School District has developed one of the state's richest interscholastic traditions. Our interscholastic participants are known for their determination, hard work, and competitiveness. Many of our teams have been recognized at the local, state, and national level for their outstanding achievements.

Interscholastic activities play an integral part in a students' overall educational experience. The Amphitheater Public School District takes great pride in producing a quality educational experience and a "Tradition of Interscholastic Excellence."

The Amphitheater Public School District believes that co-curricular activities promote citizenship and sportsmanship. They instill a sense of pride in community, teach lifelong lessons of teamwork and self-discipline, and facilitate the physical and emotional development of our student-athletes.

As an educational institution, our school is committed to teaching our young people to set goals, strive for excellence, and to properly handle whatever adversity they encounter along the way. This aim is the same, both in the classroom and on the playing field.

The greatest challenge to good sportsmanship is adversity. When things are not going well, it is easy to blame others rather than ourselves. When this is done, the focus shifts from a positive, "play hard" attitude, to a negative, "woe is me!" We believe it is important for our students to maintain a positive approach to handling adversity. We need the support of our parents as role models if we are to accomplish this.

Parent/Coach Relationship:

We are pleased that you and your student have chosen to be involved in the interscholastic program at your school. Our goal is to provide a positive experience for all involved. Open communication is the most important factor contributing to this goal. By developing these communication lines, we will be able to resolve questions before they become conflicts.

As a parent/guardian, you have a right to know what expectations are placed on your student. The following is designed to spell out all levels of communication so that parents, coaches, and athletes are aware of the steps they have available to resolve anything they think is, or might become, an issue:

Communication you should expect from your student's coach:

1. Philosophy of the coach.
2. Coaches' expectations for your student, as well as the players on the team.
3. Team requirements (i.e. fees, special equipment, and off-season conditioning).
4. Location and times of all practices and contests.
5. Discipline that results in the denial of your student's participation.

Communication coaches expect from parents/guardians:

1. Concerns expressed directly to the coach.
2. Notification of any schedule conflict well in advance.
3. Specific concerns regarding a coach's philosophy and/or expectations.

The interscholastic activity experience may offer some of the most rewarding moments of a student's life. However, it is important to remember that there may be times when things will not go the way that you or your student wishes.

Appropriate concerns to discuss with coaches:

1. The treatment of your student, mentally and physically.
2. Ways to help your student improve.
3. Concerns about your student's behavior.

It is difficult to accept that your student may not play as much as you would hope. Coaches are professionals. They make judgment decisions based on what they believe to be the best for all students involved. As you have seen from the list above, certain issues can and should be discussed with your student's coach.

Issues NOT appropriate to discuss with coaches:

1. Playing time.
2. Team strategy.
3. Play calling.
4. Other student-athletes.

There are situations that may require a conference between coaches and a parent/guardian. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedures should be followed to help promote a resolution to the issue of concern.

If you have a concern to discuss with a coach, follow this procedure:

1. Call the coach to set up an appointment.
2. If the coach cannot be reached, call the school office.
3. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent/guardian and the coach. Meetings of this nature usually do not promote resolution.

What a parent/guardian can do if the meeting with the coach did not provide a satisfactory resolution:

1. Call and set up an appointment with the Athletic Director to discuss the situation.
2. At this meeting, the appropriate next step can be determined.

Research indicates that a student involved in co-curricular activities has a greater chance of success during adulthood. Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school. We hope the information provided will make both your student's and your experience, with the Amphitheater Interscholastic Program, less stressful and more enjoyable.

**AMPHITHEATER PUBLIC SCHOOL DISTRICT CONSENT
FOR INTERSCHOLASTIC PARTICIPATION AND
EMERGENCY INFORMATION**

Student's Name _____ Birth Date _____ Sex _____ Grade _____

Address _____ City _____ Arizona Zip Code _____

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

In case of emergency, and a parent/guardian cannot be contacted, the school is authorized to proceed as indicated below in the order listed.

Name (friend/relative) _____ Phone Number _____

Name (friend/relative) _____ Phone Number _____

Family Physician's Name _____ Phone Number _____

Family Dentist's Name _____ Phone Number _____

Hospital Preference _____

Known Allergies _____

Parent(s)/Guardian(s) Permission:

I/We give our permission for the above named student to participate in organized school athletics, realizing that such activity involves the potential for injury and/or transmittable disease that are inherent risks in all sports. I/We acknowledge that even with qualified coaching, use of approved equipment, and strict observance of rules, injuries and/or transmittable diseases are still a possibility. On rare occasions, these injuries and/or transmittable diseases can be so severe as to result in total disability, paralysis, or even death.

Consent for Emergency Care:

If emergency medical action or treatment is required, and the parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials. I understand that any expenses incurred will be the financial responsibility of the parent/guardian, or insurance coverage provided by the parent/guardian, and that medical or other expenses are not the responsibility of the school or the school district. It is hereby understood that the consent and authorization given and granted by this form are continuing, and are intended to extend throughout the current school year.

Extra-Curricular Activities Insurance:

I certify we have medical and hospital insurance to cover the above named student. The name of the insurance company is as follows:

Name of Company _____ Policy # _____

Address _____

Parent/Guardian Signature

Date



2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Exam Date: _____

Name:
Home Address:
Phone:
Date of Birth:
Age:
Sex:
Grade:
School:
Sport(s):
Personal Physician:
Hospital Preference:

In case of emergency, contact:
Name:
Relationship:
Phone (Home):
(Work):
(Cell):
Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Explain "Yes" answers on following page.
 Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): 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"/>	<input type="checkbox"/>
7) Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>

* 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
*10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
* 11) Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? (If yes, check affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes <input type="checkbox"/>		
1		



2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Physician should fill out this form with assistance from the Parent or Guardian.)

Student Name:

Date of Birth:

Patient History Questions: Please tell me about your child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:		
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm problems:		
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, age 50 or younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth (Congenital Deafness)	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of athlete

Signature of parent/guardian

Date

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

Date:



2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:	Date of Birth:
Age:	Sex:
Height:	Weight:
% Body fat (optional):	Pulse:
	BP: ___/___ (___/___, ___/___)
Vision: R20/___ L20/___	Corrected: Y___ N___
Pupils: Equal___ Unequal___	

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* Multi-examiner set-up only.

† Having a third party present is recommended for the genitourinary examination.

NOTES: _____

Cleared Without Restriction
 Not Cleared For: All Sports Certain Sports _____ Reason: _____

Recommendations: _____

Name of Physician(Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP