

**ACTIVITIES RELEASE**  
for  
COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION (CHSAA)

---

Student's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

School: \_\_\_\_\_

**CLEARANCE**

- Cleared
- Cleared after completing evaluations/rehabilitation for: \_\_\_\_\_
- Not cleared for:

- Collision
  - Contact
  - Non-contact
  - Strenuous     Moderately Strenuous     Non-strenuous
- 

Recommendation:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Physician/PA/Nurse Practitioner/Certified-Registered Chiropractor

\_\_\_\_\_  
Address

Signature: \_\_\_\_\_ Date of Exam: \_\_\_\_\_  
Authorization expires 365 days after this date.