SPORT: Hea	nd Coach:
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<u>Athlete</u>	Athlete Health Record	Physician Signature	Assumption of Risk	Sudden Cardiac Arrest	Concussion
(first and last name)	(filled out Emergency	(Approval for Athletic	(signed by parent	(signed by parent and	(Initials AND Signature
	Information section)	Participation)	and athlete)	athlete)	by parent & athlete)