

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

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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.