



2009/2010 BCS ATHLETIC RELEASE PACKET

ATHLETE'S NAME: _____

Every Bradshaw Christian student must complete ALL the forms in this packet before participating in any organized sport at the school; there will be NO EXCEPTIONS. As you complete each form, use the check-off list below to keep track of what you have finished. When you have completed everything, please return the entire packet (including this cover sheet) to the athletic department.

Please mark the sports you are planning on competing in (one per season).

FALL SPORTS

- HS Football
- HS Girls' Volleyball*
- MHS Co-ed Cross Country
- Jr. Pride Football
- MS Girls' Volleyball*
- Cheerleading*
- HS Boys' Soccer*

*Sports with an asterisk could have tryouts and cuts.

WINTER SPORTS

- HS Girls' Basketball*
- HS Boys' Basketball*
- MS Girls' Basketball*
- MS Boys' Basketball*

SPRING SPORTS

- HS Baseball*
- HS Girls' Soccer*
- HS Co-ed Tennis*
- MHS Co-ed Track/Field
- HS Co-ed Swimming
- MS Co-ed Soccer*
- HS Golf Team
- HS Softball

An athletic fee must be paid for each sport played for the 2009–2010 school year. Athletic fees and sports packs are designed for each individual sport and will be announced before the season. Frosh/Soph and varsity levels are offered in most sports. The middle school athletic program will be available for 6th, 7th and 8th grade students.

Please remember that physicals taken for 2008-2009 school year expire on July 31st, 2009. You will need a new physical for the 2009-2010 school year dated July 1st, 2009 or later. Physicals will not be offered by BCS and you will not be allowed to participate in any tryouts, practices or games without a current physical on file in the athletic office.

Please check off each of the following as you complete the form.

- | | |
|---|--|
| <input type="checkbox"/> Athletic Release Packet (current page...) | <input type="checkbox"/> Athlete Emergency Info & Release |
| <input type="checkbox"/> Athletic Transportation | <input type="checkbox"/> Athletic Department Policies |
| <input type="checkbox"/> Athletic Conduct & Ethics | <input type="checkbox"/> Pre-Participation Evaluation & Physical Examination |
| <input type="checkbox"/> Athletic Fee's paid (once final roster has been announced) | |

I have fully completed this packet and verify that all answers are true and correct to the best of my knowledge.

Signature of Parent/Guardian

Date

Signature of Student

Date

ATHELETIC OFFICE USE ONLY

- | | | |
|--|---|--|
| <input type="checkbox"/> Fees paid for first sport | <input type="checkbox"/> Fees paid for second sport | <input type="checkbox"/> Fees paid for third sport |
| <input type="checkbox"/> Academic eligibility: first sport | <input type="checkbox"/> Academic eligibility: second sport | <input type="checkbox"/> Academic eligibility: third sport |
| <input type="checkbox"/> All forms are completely filled out | <input type="checkbox"/> Incomplete/Missing Forms: _____ | |

GRADE: _____

COVER SHEET



BRADSHAW CHRISTIAN ATHLETICS

"I can do all things through Christ who strengthens me" - Philippians 4:13

ATHLETE EMERGENCY INFO & RELEASE

*ALL SPORTS OFFERED DURING THE 2009-2010 SCHOOL YEAR

Athletes Name: _____ Athlete DOB: ____/____/____ Grade: _____

Parent or Guardian Name(s): _____

Home Address: _____
City State Zip

Home Phone: _____ Parent Cell: _____ E-mail: _____

Emergency Contact Person: _____ Relationship: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____ Hospital Preference: _____

Chronic Ailments, Medical Issues, Allergies, etc.: _____

I (We) the undersigned parent(s)/guardian(s) of _____ a minor, do hereby authorize Bradshaw Christian School, as agents for the undersigned to consent to any X-rays deemed advisable by, and it to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of Medicine Practice Act of the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that the authorization is given in advance of any specific diagnosis, treatment or hospital care being required but given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of *Section 25.8 of the Civil Code of California*.

This authorization shall remain effective until July 31st, 2010, unless sooner revoked in writing and delivered to said agents.

LIABILITY RELEASE

BOTH THE APPLICANT & PARENT/GUARDIAN MUST READ CAREFULLY AND SIGN BELOW

It is my understanding that participation in any sport can be dangerous and involves MANY RISKS OF INJURY. Dangers and risks include, but are not limited to, serious neck and spinal injuries, paralysis, brain damage, injury to all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and impairment to general health and well-being, to engaging in business, social and recreational activity and in general to enjoyment of life.

Because of the dangers of participating in the above marked sport (*), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

With participation in the above marked sport (*) I understand that I assume all of the risks associated with the sport and agree to hold harmless Bradshaw Christian School, its employees, agents, representatives, coaches and volunteers from any and all liability.

Insurance: BCS provides excess medical insurance for any member athlete participation in BCS sanctioned practice or event. If the athlete has other medical coverage, theirs will be applied first, followed by BCS insurance. If the athlete has no other coverage, the BCS policy becomes primary subject to terms and conditions of the policy. BCS insurance covers 80%.

I, _____ (Parent/guardian) of _____ (student) have read the above warning and release and understand its terms. I understand that all sports can involve MANY RISKS OF INJURY, including, but not limited to those risks outlined above. In order to participate I agree to hold harmless Bradshaw Christian School and its employees, agents, representatives, coaches, and volunteers from any and all liability, actions, causes of actions, debts, claims or demands of every kind and nature which may arise by, or in connection with, participation of my child in any activities related to the Bradshaw Christian School. The terms hereof shall serve as a release from my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Parent/Guardian

Date

Signature of Athlete

Date



BRADSHAW CHRISTIAN ATHLETICS

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ATHLETIC TRANSPORTATION

We, the undersigned, understand and agree that Bradshaw Christian School desires to provide a safe and enjoyable time for all students. However, we understand and agree that accidents can still happen. We understand that there are risks/dangers involved with participation in any off-campus trip and its associated activities. In consideration of our children being allowed to participate in the events, we assume responsibility for risks associated with the travel and activities.

Without reservation, we agree to hold harmless Bradshaw Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from our children's participation.

We understand that our assumption of risk does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, we agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

We understand that before driving, all volunteer drivers must provide copies of a valid state driver's license, vehicle registration, and proof of vehicle insurance with minimum liability coverage of \$100,000/\$300,000. We understand that driver's vehicle insurance is the primary coverage.

Here at BCS we desire to travel as a team to and from our athletic events. **We always encourage our families to allow the student athlete to travel with the team to and from all games.**

We give permission for the following: (Please initial all that apply)

- For my child to drive his/her own car; *this will be determined by the athletic director*
- For my child to travel by public or chartered transportation
- For my child to ride with a school approved parent or employee driver to any BCS athletic event
- For my child to travel by BCS vehicle
- I will provide a passenger vehicle with the proper seat belts & will not carry more than nine persons
- I have provided a copy of my driver's license, and proof of vehicle registration and insurance of each vehicle that may be used (please attach to this packet)
- I guarantee that all occupants will wear seat belts, as required by law
- I will caravan with the team, keeping in close contact with the group and designated leader at all times
- I have read the above Athletic Transportation Statement

PLEASE FILL OUT THE FOLLOWING INFORMATION

I, _____, the parent/legal guardian of _____, understand and agree to these conditions and terms as described above.

Signature of Parent/Guardian

Date

I, _____, as a Bradshaw Christian School student, understand and agree to these conditions and terms as described above.

Signature of Athlete

Date

ATHLETIC DEPARTMENT POLICIES

ATHLETES NAME:

In order for your student(s) to participate in any athletic event at Bradshaw Christian School, there are a few policies you and your athlete must be aware of. Please review the following policies and sign below stating that you have read and agree to abide by these policies.

ELIGIBILITY POLICY:

A) Before an athlete can participate in a sport tryout, practice or game, he/she must be cleared by the athletic department. The following items must be completed in order for the athlete to be cleared.

1. Complete an athletic release packet with all necessary signatures.
 2. Have a current sports physical (dated after July 1st, 2009) on file with the athletic department. We ask that you have the physician use our BCS physical form.
 3. Pay all athletic fees to the school athletic office. This includes all sports packs.
- NO EXCEPTIONS WILL BE MADE ON THE ABOVE!!!**

B) BCS students must maintain at least a 2.0 GPA on a 4.0 scale with no F's in order to compete in interscholastic sports or participate in extracurricular activities. The athletic director will review both progress and grading reports; appropriate action will be taken at the discretion of the athletic director.

C) Academically ineligible student athletes will be placed on academic probation; student athletes may be able to practice with their team and support their teammates on the sidelines during home games, but may not travel to away games and will not be allowed to participate in game day activities/team functions nor game day dress code. Students may be reinstated after their probationary period is over if they have met eligibility requirements.

D) High School student athletes who are on academic or disciplinary probation and wish to appeal will be allowed one appeal during their combined freshman/sophomore year and one appeal during their combined junior/senior year.

E) All athletes must be in attendance for a minimum of 3 full periods to be eligible to participate in a tryout, practice or game. You must attend all scheduled classes on minimum days. Athletes must attend all classes the day after athletic contests. Missing a practice or game for an excused appointment (doctor, dentist, etc.) must be pre-arranged with the coach. Be respectful of your team, schedule appointments around team functions.

DISCIPLINE POLICY:

An athlete who fails to complete a sport season will be ineligible to participate on any other school sport team until the conclusion of the sport season from which the athlete has withdrawn. This does include playoffs. This restriction will not apply if the athlete withdraws from a sport because of a verified medical reason.

There will be a period of one week from the date an athlete first joins a team during which an athlete may drop a sport without penalty; refund of athletic fees will NOT be available after the one week time period.

Participating in athletics at Bradshaw Christian School is a privilege. Student athletes who receive a detention will not be excused from detention to participate in a tryout, practice or game; the athletic director will determine each individual case. Athletes are held to a high standard of behavior because they are role models to their peers, within the community and ultimately glorify God through their actions. Athletes may be removed from a team for unacceptable behavior in the athletic arena, classroom and in the community.

DRESS CODE POLICY:

- All team members are required to participate in game day dress as designated by the athletic department.
- JEANS, SHORTS AND TENNIS SHOES ARE NOT ALLOWED.
- Team apparel and shoes will be worn as designated by the athletic department.
- Athletic uniforms/jerseys may NOT be worn to school unless approved by the athletic department.

COMPLETE THE FOLLOWING:

I, _____, the parent/legal guardian of _____,
(Print Parent/Guardian's Name) (Print Student's Name)
understand and agree to the athletic department policies described above.

Signature of Parent/Guardian

Date

I, _____, as a Bradshaw Christian School student athlete, understand and agree to the
(Print Student's Name)
policies as described above.

Signature of Student

Date

GRADE:

DEPT. POLICIES



BRADSHAW CHRISTIAN ATHLETICS

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ATHLETIC CONDUCT & ETHICS

Please read the following and sign below to identify that you (the parent and student) agree to each of these statements.

- The BCS parent/athlete agrees to practice the proper ideals of sportsmanship, ethical conduct and fair play.
- The BCS parent/athlete agrees to eliminate all possibilities which tend to destroy the best values of the game.
- The BCS parent/athlete agrees to stress the values derived from playing the game fairly.
- The BCS parent/athlete agrees to show courtesy to visiting teams and officials.
- The BCS parent/athlete agrees to establish a positive relationship with all opposing fans and players.
- The BCS parent/athlete agrees to respect the integrity and judgment of all sports officials.
- The BCS parent/athlete agrees to achieve a thorough understanding and acceptance of the game rules and the standards of eligibility.
- The BCS parent/athlete agrees to encourage leadership, use of initiative and good judgment by the player on a team.
- The BCS parent/athlete agrees to recognize that the purpose of athletics is to promote the physical, spiritual, mental, moral, social, and emotional well being of the individual athletes.
- The BCS parent/athlete agrees to abide by the coaches decisions and teams rules. If unable to do so, the parent/athlete is to speak with the coach instead of other players, students or parents.
- The BCS parent/athlete agrees to advise the coach if there is some reason the athlete cannot attend a team function (practice, game, study hall, etc.). This is to be done prior to the season starting; if during season give at least a week in advance notice.
- The BCS parent/athlete agrees to not remove a player from a team during the season. Athletics is a huge commitment; your child is part of a team and others depend on him/her. Speak with the coach or the athletic director before removing a student from a team.
- The BCS parent/athlete agrees to support all athletes and to work hard to maintain the unity among players and parents.
- The BCS parent/athlete agrees to be on time to all team functions (practices, games, study hall, parent meetings, etc.).
- The BCS parent/athlete agrees to develop and pursue a relationship with Jesus Christ.
- The BCS parent/athlete agrees to attend all regularly scheduled award ceremonies for his/her sport season.
- The BCS parent/athlete agrees to support BCS and to work hard to maintain unity of the athletic department and school.
- The BCS parent/athlete agrees to not take extended trips (family vacation) during season of competition. When scheduling permits during season of competition for a family trip the BCS parent/athlete also agree to not participate in any extreme activity that may cause the athlete to be unable to continue his/her season.
- The BCS parent/athlete agrees that no parent, family member, or friend is allowed on the sideline, bench, dugout or locker room during an athletic contest.
- The BCS parent/athlete agrees that an athletic contest is only a game – not a matter of life and death for the player, coach, school, officials, fans, community, state, or nation.
- The BCS parent/athlete realizes that failure to abide by this agreement could result in the following action: a) lack of play time; b) suspension for part of the season and c) expulsion from the team.

We ask that as you are making a decision to play for a BCS sports team you will seriously consider the commitment, discipline and self-sacrifice you are entering into; playing for BCS is a privilege. BCS athletics during your season of competition will be your number one priority; taking president over many other commitments. All appointments or social activities will be scheduled around your practices, games and other team functions. As you become a student athlete you will need to be flexible at times for the betterment of your team. Schedules are subject to change and sometimes activities are added. In some cases games need to be rescheduled, so you need to be very careful with over committing during your season of competition. Any special considerations or accommodations will be at the discretion of the head coach and the athletic director and should be discussed before the team roster is finalized.

I have read the preceding statements and fully agree to abide by these guidelines of proper conduct and ethics.

Signature of Parent/Guardian

Date

Signature of Student

Date

BRADSHAW CHRISTIAN ATHLETICS

PRE-PARTICIPATION PHYSICAL EVALUATION

SCHOOL YEAR: _____

HISTORY

Name: _____ Date of Birth: _____ Sex: ____ Grade: ____ Age: ____

Phone Number: _____ Sport(s): _____

Home Address: _____ (street) _____ (city, zip)

In Emergency, Contact: _____ Phone: _____ (home) _____ (cell)

Personal Physician: _____ Phone Number: _____

Instructions: check "Yes" or "No" for each of the following questions. Explain all "Yes" answers at the bottom of the page. Circle questions you don't know.

- | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------|------------|-----------|---------------|----------|--------------|-------------|-----------|----------|-----------|-----------|---------------|----------|-----------|---------------|------------|----------|--|
| <p>1. Have you had a medical illness or injury since your last check up or sports physical? Yes No
___ ___</p> <p>2. Do you have an ongoing chronic illness? ___ ___</p> <p>3. Have you ever been hospitalized overnight? ___ ___</p> <p>4. Have you ever had surgery? ___ ___</p> <p>5. Are you currently taking any prescription or non-prescription (over-the-counter) medications, pills or using an inhaler? ___ ___</p> <p>6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve you performance? ___ ___</p> <p>7. Do you have any allergies (i.e.: pollen, medicine, food, or stinging insects)? ___ ___</p> <p>8. Have you ever had a rash or hives develop during or after exercise? ___ ___</p> <p>9. Have you ever passed out during or after exercise? ___ ___</p> <p>10. Have you ever been dizzy during or after exercise? ___ ___</p> <p>11. Have you ever had chest pain during or after exercise? ___ ___</p> <p>12. Do you get tired more quickly than your friends during exercise? ___ ___</p> <p>13. Have you ever had racing of your heart or skipped heartbeats? ___ ___</p> <p>14. Have you had high blood pressure or high cholesterol? ___ ___</p> <p>15. Have you ever been told you have a heart murmur? ___ ___</p> <p>16. Has any family member or relative died of heart problems or sudden death before age 50? ___ ___</p> <p>17. Have you had a severe viral infection (i.e.: myocarditis or mononucleosis) within the last month? ___ ___</p> <p>18. Has a physician ever denied or restricted your participation in sports for any heart problems? ___ ___</p> <p>19. Do you have any current skin problems (i.e.: itching, rashes, acne, warts, fungus or blisters)? ___ ___</p> <p>20. Have you ever had a head injury or concussion? ___ ___</p> <p>21. Have you ever been knocked out, become unconscious, or lost your memory? ___ ___</p> <p>22. Have you ever had a seizure? ___ ___</p> <p>23. Do you have frequent or severe headaches? ___ ___</p> <p>24. Have you ever had numbness or tingling in your arms, hands, legs or feet? ___ ___</p> | <p>25. Have you ever had a stinger, burner or pinched nerve? Yes No
___ ___</p> <p>26. Have you ever become ill from exercising in the heat? ___ ___</p> <p>27. Do you cough, wheeze, or have trouble breathing during or after physical activity? ___ ___</p> <p>28. Do you have asthma? ___ ___</p> <p>29. Do you have seasonal allergies that require medical treatment? ___ ___</p> <p>30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position? (i.e.: knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid) ___ ___</p> <p>31. Have you had any problems with your eyes or vision? ___ ___</p> <p>32. Do you wear glasses, contacts, or protective eyewear? ___ ___</p> <p>33. Have you ever had a sprain, strain, or swelling after an injury? ___ ___</p> <p>34. Have you broken/fractured any bones or dislocated any joints? ___ ___</p> <p>35. Have you had any other problems with pain or swelling, in muscles, tendons, bones or joints? ___ ___</p> <p style="text-align: center;"><i>If yes, check the appropriate blank below and explain at bottom of page.</i></p> <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td>___ Head</td> <td>___ Elbow</td> <td>___ Hip</td> <td>___ Neck</td> <td>___ Foot</td> <td>___ Shoulder</td> </tr> <tr> <td>___ Forearm</td> <td>___ Thigh</td> <td>___ Back</td> <td>___ Wrist</td> <td>___ Ankle</td> <td>___ Upper Arm</td> </tr> <tr> <td>___ Knee</td> <td>___ Chest</td> <td>___ Shin/Calf</td> <td>___ Finger</td> <td>___ Hand</td> <td></td> </tr> </table> <p>36. Do you want to have a different weight than you do? ___ ___</p> <p>37. Do you lose weight regularly to meet weight requirements for your sport? ___ ___</p> <p>38. Do you feel stressed out? ___ ___</p> <p>39. Record the dates of your most recent immunizations (shots) for:</p> <p style="margin-left: 40px;">Tetanus: _____ Measles: _____</p> <p style="margin-left: 40px;">Hepatitis B: _____ Chickenpox: _____</p> | ___ Head | ___ Elbow | ___ Hip | ___ Neck | ___ Foot | ___ Shoulder | ___ Forearm | ___ Thigh | ___ Back | ___ Wrist | ___ Ankle | ___ Upper Arm | ___ Knee | ___ Chest | ___ Shin/Calf | ___ Finger | ___ Hand | |
| ___ Head | ___ Elbow | ___ Hip | ___ Neck | ___ Foot | ___ Shoulder | | | | | | | | | | | | | | |
| ___ Forearm | ___ Thigh | ___ Back | ___ Wrist | ___ Ankle | ___ Upper Arm | | | | | | | | | | | | | | |
| ___ Knee | ___ Chest | ___ Shin/Calf | ___ Finger | ___ Hand | | | | | | | | | | | | | | | |

FEMALES ONLY (optional)

40. When was your first menstrual period? _____
41. When was your most recent menstrual period? _____
42. How much time do you usually have from the start of one period to the start of another? _____
43. How many periods have you had in the last year? _____
44. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Athlete Signature: _____ Parent/Guardian Signature: _____ Date: _____

ATHLETE'S NAME: _____

GRADE: _____

PHYSICAL

BRADSHAW CHRISTIAN SCHOOL • PARTICIPATION PHYSICAL EXAMINATION

Physical Examination (Must be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____ - ____ - ____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)

Visual Acuity: Right Eye 20/____ Left Eye 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
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MEDICAL

- | | | | |
|---------------------------|-------|-------|-------|
| 1. Appearance | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat | _____ | _____ | _____ |
| 3. Lymph Nodes | _____ | _____ | _____ |
| 4. Heart | _____ | _____ | _____ |
| 5. Pulses | _____ | _____ | _____ |
| 6. Lungs | _____ | _____ | _____ |
| 7. Abdomen | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin | _____ | _____ | _____ |

MUSCULOSKELETAL

- | | | | |
|-------------------|-------|-------|-------|
| 10. Neck | _____ | _____ | _____ |
| 11. Back | _____ | _____ | _____ |
| 12. Shoulder/Arm | _____ | _____ | _____ |
| 13. Elbow/Forearm | _____ | _____ | _____ |
| 14. Wrist/Hand | _____ | _____ | _____ |
| 15. Hip/Thigh | _____ | _____ | _____ |
| 16. Knee | _____ | _____ | _____ |
| 17. Leg/Ankle | _____ | _____ | _____ |
| 18. Foot | _____ | _____ | _____ |

* Station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by me or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation
 ___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

___ Referred to: _____ For: _____

Recommendations: _____

Name of Physician/Nurse Practitioner (print or type): _____ Date: _____

Address: _____

Signature of Physician/Nurse Practitioner: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that each examination listed above was performed by me or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation
 ___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

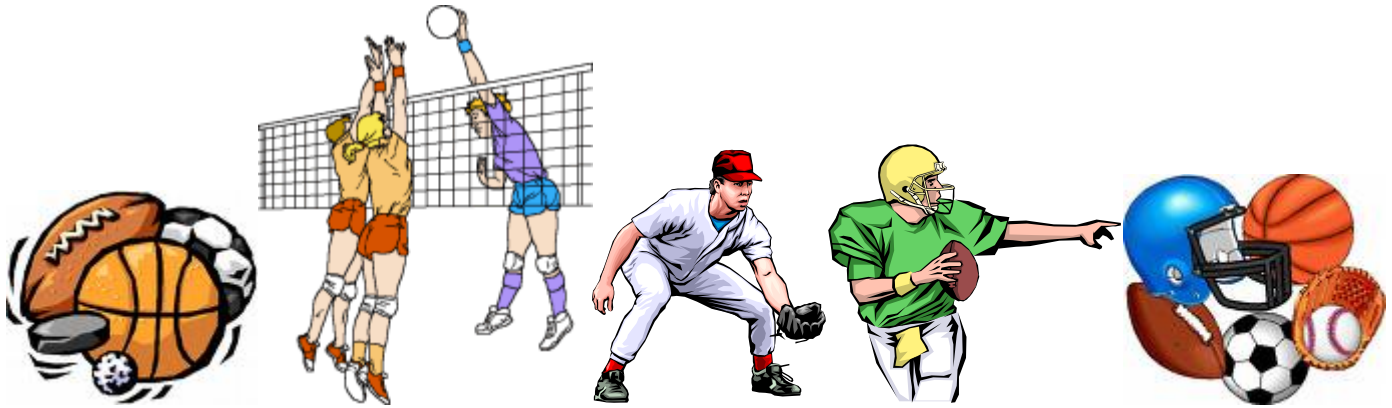
Recommendations: _____

Name of Physician/Nurse Practitioner (print or type): _____ Date: _____

Address: _____

Signature of Physician/Nurse Practitioner: _____, MD or DO

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



GET YOUR SPORTS PHYSICAL WITH:

DR. MICHAEL NICHOLS, D.O.
Board Certified in Family Practice

**7601 Hospital Drive #204
Sacramento, CA 95823
Phone: 916-681-6510**

SAME DAY APPOINTMENTS AVAILABLE

ALL SCHOOL AND COMMUNITY PROGRAMS WELCOME!

\$30.00 Flat Fee

Bring in this flyer and \$10.00 of the fee goes back to your programs athletic department

School Name: _____

School Address: _____

Athletes Name: _____