

# FLOWING WELLS HIGH SCHOOL PRACTICE STATUS

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SPORT \_\_\_\_\_ COACH \_\_\_\_\_

INJURY \_\_\_\_\_

STATUS:  FULL GO  LIMITED  
 **CAN NOT PRACTICE**

COMMENTS:

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\_\_\_\_\_  
AUTHORIZED SIGNATURE

WHITE – TRAINER 2<sup>ND</sup> COPY – COACH 3<sup>RD</sup> COPY – ATHLETE

9-FW20070

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