



**Tennessee Secondary School Athletic Association**

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**FOOTBALL ACCLIMATIZATION COMPLETION FORM**

*(Note: This form is to be filled out by the Head Football Coach of the school where the student participates. The completed form should be kept on file by the school administration.)*

**Student's Name:** \_\_\_\_\_

**Student's Grade:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**List the three (3) dates that the student-athlete practiced in only shoulder pads and helmet:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List the date that the student-athlete began practicing in full pads:**

\_\_\_\_\_

***I hereby state that the above student completed three (3) days of practice in only shoulder pads and helmet prior to practicing in full pads.***

**Coach's Name (please print):** \_\_\_\_\_

**Coach's Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_