

Bradshaw Mountain High School



Student-Athlete-Participation Clearance Packet

2018-2019

The following must be completed and turned into the Athletic Department prior to participation:

- BMHS Athletic Clearance Card
- Participation Physical Evaluation (15.7a and 15.7b)
- Arizona Interscholastic Association NTBI acknowledgement (15.7)
- Proof of Insurance
- Brainbook Concussion Course (Not required if student completed in years prior)
- Pursuing Victory with Honor (Student)
- Pursuing Victory with Honor (Parent)

***** Participation fees must be paid to the accounting office prior to participating in the first game. Every sport has a participation fee.***

Only AIA forms accepted from the packet, and the physical must be completed by a doctor of medicine (M.D.), osteopathic physician (D.O.), certified registered nurse practitioner (N.P.) licensed to practice, or a certified physician's assistant (PA-C) registered by the Joint Board Of Medical Examiners and the Osteopathic Examiners in Medicine and Surgery. The physical examination **must** be given **on or after March 1** of the current school year.

- If you have any questions please contact the Athletic Office at 928-759-4126

****You must sign either the waiver of insurance or the school insurance section ****

PROOF OF INSURANCE

WAIVER OF INSURANCE

This memorandum of insurance is to certify that an athletic insurance plan has been provided and offered to us through the HUSD with Nationwide Life Insurance Company (www.StudentInsurance-kk.com). We are aware of the school insurance that is offered, but have chosen to use our own insurance company. **PLEASE NOTE:** Student must have insurance in order to participate in athletics in the Humboldt Unified School District.

Company _____ **Policy Number _____

Parent/Guardian Signature _____ Date _____

SCHOOL INSURANCE

We have elected to buy school insurance offered by HUSD through Nationwide Life Insurance Company at www.StudentInsurance-kk.com. We have completed the insurance request and will **provide proof of coverage** to the Athletic Office. We have elected to purchase:

- | | |
|---|--|
| <input type="checkbox"/> 24-Hour Accident | <input type="checkbox"/> High School Football (Spring & Summer Only) |
| <input type="checkbox"/> 24-Hour Accident (Summer only) | <input type="checkbox"/> High School Football and At-School Accident
(Covers all athletics) |
| <input type="checkbox"/> At-School Accident | <input type="checkbox"/> High School Football and 24-Hour Accident
(Covers all athletics) |
| <input type="checkbox"/> High School Football (Football only) | |

Parent/Guardian Signature _____ Date _____

ATHLETIC INFORMED CONSENT

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity may involve the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I/We acknowledge that (I/We have read and understand this warning), and we agree to hold Bradshaw Mountain High School and the Humboldt Unified School harmless should an accident or injury occur.

Parent/Guardian Signature _____ Date _____

2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Exam Date: _____

Name: _____
 Home Address: _____
 Phone: _____
 Date of Birth: _____
 Age: _____
 Sex: _____
 Grade: _____
 School: _____
 Sport(s): _____
 Personal Physician: _____
 Hospital Preference: _____

In case of emergency, contact:
 Name: _____
 Relationship: _____
 Phone (Home): _____
 (Work): _____
 (Cell): _____

Name: _____
 Relationship: _____
 Phone (Home): _____
 (Work): _____
 (Cell): _____

Explain "Yes" answers on following page.
 Circle questions you don't know the answers to.

		Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?			
2) Do you have an ongoing medical condition (like diabetes or asthma)?			
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):			
4) Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):			
5) Does your heart race or skip beats during exercise?			
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection			
7) Have you ever spent the night in the hospital?			
8) Have you ever had surgery?			

* 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, circle affected area in the box below):

* 10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):

* 11) Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? (If yes, circle affected area in the box below):

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm
Hand/Fingers	Chest	Upper Back	Low Back	Hip	Thigh
	Knee	Calf/Shin	Ankle	Foot/Toes	

1

- | | Y | N |
|---|--------------------------|--------------------------|
| 12) Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Has a doctor told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22) Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24) Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25) Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26) Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27) When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29) Have you ever been tested for sickle cell trait? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30) Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31) Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32) Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33) Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34) Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35) Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36) Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37) Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

Females Only

- | | Y | N |
|--|--------------------------|--------------------------|
| 38) Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39) How old were you when you had your first menstrual period? | | |
| 40) How many periods have you had in the last year? | | |

Explain "Yes" Answers Here

2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Physician should fill out this form with assistance from the Parent or Guardian.)

Student Name: _____

Date of Birth: _____

Patient History Questions: Please tell me about your child...

Y N

- 1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?
- 2) Has your child ever had extreme shortness of breath during exercise?
- 3) Has your child had extreme fatigue associated with exercise (different from other children)?
- 4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?
- 5) Has a doctor ever ordered a test for your child's heart?
- 6) Has your child ever been diagnosed with an unexplained seizure disorder?
- 7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?

Family History Questions: Please tell me about any of the following in your family...

Y N

- 8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)
- 9) Are there any family members who died suddenly of "heart problems" before age 50?
- 10) Are there any family members who have unexplained fainting or seizures?
- 11) Are there any relatives with certain conditions, such as:

Y N

Enlarged Heart

- Hypertrophic Cardiomyopathy (HCM)
- Dilated Cardiomyopathy (DCM)

- Marfan Syndrome (Aortic Rupture)
- Heart Attack, age 50 or younger
- Pacemaker or Implanted Defibrillator
- Deaf at Birth (Congenital Deafness)

Heart Rhythm problems:

- Long QT Syndrome (LQTS)
- Short QT Syndrome
- Brugada Syndrome
- Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)
- Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

 Signature of athlete

 Signature of parent/guardian

 Date

 Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

 Date:



2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:	Date of Birth:
Age:	Sex:
Height:	Weight:
% Body fat (optional):	Pulse:
	BP: ___/___ (___/___/___)
Vision: R20/___ L20/___	Corrected: Y___ N___
Pupils: Equal___ Unequal___	

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* Multi-examiner set-up only.

† Having a third party present is recommended for the genitourinary examination.

NOTES: _____

Cleared Without Restriction
 Not Cleared For: All Sports Certain Sports _____ Reason: _____

Recommendations: _____

Name of Physician(Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/NP/PA-C



Arizona Interscholastic Association, Inc.
Mild Traumatic Brain Injury (MTBI) / Concussion
Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____



**Arizona Interscholastic Association
AIA Concussion Education
FAQ**



Q: Why are student athletes required to take the Brainbook online concussion education course?

A: ARS §15-341 (A) (24) (b) (SB 1521) mandates that schools provide concussion education information to students, parents and coaches. The Brainbook concussion course was approved by the AIA Executive Board on August 15, 2011 as the concussion educational component to this new law.

Q: Where do the students athletes take the Brainbook online concussion education course?
Student athletes will go to www.aiaacademy.org and follow the instructions below:

1. Scroll down and click on the quick link titled "Concussion Education: Brainbook" in the center of the page
2. Click on "Register as Student"
3. Enter all the fields in the "Name" section
4. Answer all fields in the "Student Demographic Information" section
5. Click on "Register" at the bottom of the page
6. Student athletes will now be taken to the Brainbook concussion course to complete

Q: How can school administrators know who has completed the Brainbook concussion course?

A: School administrators can view student athletes (by sport) who have completed the Brainbook concussion course by logging into their school login page and clicking on "Brainbook".

Q: What if school administrators, coaches or parents want to take the Brainbook concussion course?

A: The above mentioned can go to www.aiaacademy.org and follow the instructions below:

1. Scroll down and click on the quick link titled "Concussion Education: Brainbook" in the center of the page
2. Click on "Non-Student Course Link"
3. You will now be taken to the Brainbook concussion course to complete without being registered or taking the quiz at the end of the course

Q: What are the new concussion requirements when high schools rent their facilities to outside entities?

A: Please see the Arizona statute (ARS § 15-341) on the reverse side.

Pursuing Victory with Honor Code of Conduct for Parents/Guardians

Athletic competition of interscholastic age children should be fun and should also be a significant educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring and good citizenship (the "Six Pillars of Character"). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child's sports experience.

TRUSTWORTHINESS

Trustworthiness - Be worthy of trust all you do.

- **Integrity** - Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what's right even when it's unpopular or personally costly.
- **Honesty** - Live honorably. Don't lie, cheat or steal or engage in any other dishonest conduct.
- **Reliability** - Fulfill commitments. Do what you say you will do.
- **Loyalty** - Be loyal to the school and team; Put the interests of the team above your child's personal glory.

RESPECT

Respect - Treat all people with respect at all times and require the same of your student-athletes.

Class - Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance and show sincere respect in pre- and post-game rituals.

Personal Conduct - Refrain from profanity, disrespectful conduct, and the use of alcohol or tobacco in front of student-athletes or other situations where your conduct could undermine your positive impact as a role model.

Respect Officials - Treat game officials with respect. Don't complain about or argue about calls or decisions during or after an athletic event.

Respect Coaches - Treat coaches with respect at all times; recognize that they have team goals beyond those of your child. Do not shout instructions to players from the stands; let coaches coach

RESPONSIBILITY

Importance of Education - Support the concept of "being a student first." Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact in the recruiting process.

Role-Modeling - Remember, participation in sports is a privilege, not a right. Parents/guardians too represent the school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.

Self-Control - Exercise self-control. Don't fight or show excessive displays of anger or frustration.

Healthy Lifestyle - Safeguard your health; do not abuse any illegal or prohibited substances and drugs.

Integrity of the Game - Protect the integrity of the game. Don't gamble or associate with gamblers.

Privilege to Compete - Assure that you and your child understand that participation in interscholastic sports is a privilege, not a right, and that they are expected to represent their team, school, and family with honor, on and off the field.

FAIRNESS

Be Fair - Treat all competitors fairly. Be open-minded, always willing to listen and learn.

CARING

Encouragement - Encourage your children regardless of their play; offer positive reinforcement. Demonstrate sincere interest in your child's play.

Concern for Others - Demonstrate concern for others; never encourage the injury of any player, official or fellow spectator.

Empathy - Consider the needs and desires of our child's teammates in addition to your own; help promote the team concept by encouraging all team members, understanding that the coach is responsible for determining playing time.

CITIZENSHIP

Knowing the Rules - Maintain a thorough knowledge of all applicable game and competition rules.

I have read and understand the requirements of the Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.

Signature

Sport

Date

"Pursuing Victory with Honor" and "Six Pillars of Character" is service marks of CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics. For more information on promoting character education and good sportsmanship, visit www.charactercounts.com

Pursuing Victory with Honor Code of Conduct for Interscholastic Student-Athletes

We believe that interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor according the six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship (the "Six Pillars of Character"). This Code applies to all parents of student-athletes involved in interscholastic sports.

TRUSTWORTHINESS

Trustworthiness - Be worthy of trust all you do.

- **Integrity** - Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what's right even when it's unpopular or personally costly.
- **Honesty** - Live honorably. Don't lie, cheat or steal or engage in any other dishonest conduct.
- **Reliability** - Fulfill commitments. Do what you say you will do.
- **Loyalty** - Be loyal to the school and team; Put the team above personal glory.

RESPECT

Respect - Treat all people with respect at all times and require the same of your student-athletes.

Class - Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance and show sincere respect in pre- and post-game rituals.

Disrespectful Conduct - Do not engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals of the sport.

Respect Officials - Treat game officials with respect. Don't complain about or argue about calls or decisions during or after an athletic event.

RESPONSIBILITY

Importance of Education - Support the concept of "being a student first." Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact in the recruiting process.

Role-Modeling - Remember, participation in sports is a privilege, not a right. Parents/guardians too represent the school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.

Self-Control - Exercise self-control. Don't fight or show excessive displays of anger or frustration.

Healthy Lifestyle - Safeguard your health; do not abuse any illegal or unhealthy substances including alcohol, tobacco, and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

Sexual Conduct - Sexual or romantic contact of any sort between students and coaches is improper and strictly forbidden. Report misconduct to proper authorities.

Integrity of the Game - Protect the integrity of the game. Don't gamble or associate with gamblers.

Privilege to Compete - Assure that you and your child understand that participation in interscholastic sports is a privilege, not a right, and that they are expected to represent their team, school, and family with honor, on and off the field.

FAIRNESS

Be Fair - Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

CARING

Teammates - Help promotes the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

Concern for Others - Demonstrate concern for others; never encourage the injury of any player, official or fellow spectator.

CITIZENSHIP

Play by the Rules - Maintain a thorough knowledge of all applicable game and competition rules.

Spirit of Rules - Honor the spirit and the letter of rules; avoid temptation to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of the Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.

Signature

Sport

Date

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BMHS Athletic Clearance Card

Student Name _____ Parent Cell Phone _____
Parent(s) Name _____ Parent Home Phone _____
Grade _____ Sport(s) _____ Parent Work # _____
Family Dr. _____ Doctor Phone # _____
Allergies _____
Medical Conditions _____

Insurance Co. _____ Policy Number _____
School insurance (Circle): Yes or No Expires _____

The following emergency contacts indicated below or our family physician named above may speak for me in case of emergency, if I cannot be reached.

Name _____ Phone _____
Name _____ Phone _____

Have you attended a high school other than Bradshaw Mountain the last 12 months? Yes or No
You are hereby requested and authorized to provide hospitalization and medical care for the above named student.

Parent/Guardian Signature _____ Date _____

BMHS Athletic Clearance Card

Student Name _____ Parent Cell Phone _____
Parent(s) Name _____ Parent Home Phone _____
Grade _____ Sport(s) _____ Parent Work # _____
Family Dr. _____ Doctor Phone # _____
Allergies _____
Medical Conditions _____

Insurance Co. _____ Policy Number _____
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Parent/Guardian Signature _____ Date _____

___ Physical ___ Brainbook ___ NTBI ___ PVWH Student ___ PVWH Parent ___ Insurance

TO BE COMPLETED BY THE ATHLETIC OFFICE

Athlete has turned in required paperwork and is cleared to participate in the athletic activities

Fall: _____	Date: _____
Winter: _____	Date: _____
Spring: _____	Date: _____

Insurance: €Private €24 €AS €FB €FB + 24 €FB + AS Expires: _____

Athletic Office Signature _____

___ Physical ___ Brainbook ___ NTBI ___ PVWH Student ___ PVWH Parent ___ Insurance

TO BE COMPLETED BY THE ATHLETIC OFFICE

Athlete has turned in required paperwork and is cleared to participate in the athletic activities

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Insurance: €Private €24 €AS €FB €FB + 24 €FB + AS Expires: _____

Athletic Office Signature _____