



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date _____ Exp. Date (good for 365 days) _____

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.** By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for _____ to compete in athletics for High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the Competitor's Brochure.

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the Competitor's Brochure.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

PHYSICIAN SIGNATURE REQUIRED ON BACK

PART II -- MEDICAL HISTORY
 This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

1.	YES	NO	2.	YES	NO
Has a doctor ever denied or restricted your participation in sports for any reason? (like diabetes or asthma)	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any prescription or over-the-counter medication (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have prescriptions for use of aspirin, ibuprofen, acetaminophen, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	35. Date of last head injury or concussion:		
Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	38. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever told you that you have (check all that apply):	<input type="checkbox"/>	<input type="checkbox"/>	41. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	42. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	43. 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"/>
<input type="checkbox"/> A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	44. Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	45. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	47. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	<input type="checkbox"/>	48. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	49. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	50. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	51. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	52. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	53. What is the date of your last Tetanus immunization? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	54. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	55. Age when you had your first menstrual period? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an x-ray of your neck for athletic-related instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	56. How many periods have you had in the last 12 months? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	57. Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here:		
Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>			
Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>			

Parent/Guardian Signature: _____
 Athlete's Signature: _____

PART III -- PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____
 HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____
 *Tanner Stage or Maturation Index? (males only): _____ BP: _____
 *Percent Body Fat _____
 *Audiogram _____
 *Vision: Corrected: (L) _____ (R) _____ (Both) _____
 Uncorrected: (L) _____ (R) _____ (Both) _____

	N	Abnormal		N	Abnormal
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Cervical Spine/neck	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>
Nose	<input type="checkbox"/>	<input type="checkbox"/>	Shoulders	<input type="checkbox"/>	<input type="checkbox"/>
Throat	<input type="checkbox"/>	<input type="checkbox"/>	Arm/elbow/wrist/hand	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Knees/hips	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Ankle/feet	<input type="checkbox"/>	<input type="checkbox"/>
Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	*Urine	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	*Hemoglobin or HCT and or Iron stores	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	^Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral pulses	<input type="checkbox"/>	<input type="checkbox"/>	^Neurophysic Testing	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	^Pelvic Examination	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia/hernia (male only)	<input type="checkbox"/>	<input type="checkbox"/>			

***WHEN MEDICALLY INDICATED**
 (Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

***WITH SPECIAL INDICATIONS**
 (These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- CLEARED WITHOUT RESTRICTIONS
- Cleared AFTER further evaluation or treatment for:
- Cleared for Limited participation (check and explain "reason" for all that apply):
- Not cleared for (specific sports):
- Cleared only for (specific sports):
- Reason(s): _____
- NOT CLEARED FOR PARTICIPATION:
- Reason(s): _____
- Other Recommendations:
- Recommend monitoring during early conditioning because of weight/fitness/other
- Recommend restrictions or monitoring of weight loss or gain
- Other: Reason(s): _____

MD/DO, PA, NP, DE-SPC#, Signature: _____
 Date of Examination: _____ Date Signed: _____
 NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print): _____

Address: _____
 City: _____ State: _____ Zip: _____



CHSAA BYLAWS – PARENT & STUDENT INFORMATION

**Per Bylaw 1800.74, CHSAA requires that all information provided in regards to any aspect of the eligibility of a student must be true, correct, accurate, complete and/or not false; penalty for providing false information is ineligibility and/or forfeitures.*

A student's participation in high school activities is dependent on his/her eligibility. Protect that eligibility. Read the following summary of Colorado High School Activities Association rules that govern a student's participation. Students and parents alike need to review these rules and ask questions of their coaches/directors, athletic director and school administrators.

Per Bylaw 1720.1, Please review the following information and acknowledge your understanding of the CHSAA Bylaws by signing at the end and submitting to your School's Athletic Director. **Click the blue underlined links to be directed to the CHSAA Bylaws.

The CHSAA

The Colorado High School Activities Association has been the governing body of high school athletics and activities (speech, student council and music) in our state since 1921. Our Code of Ethics is integral to our Mission and Vision. The student's school is a voluntary member of the CHSAA and has agreed to follow its rules. Both your school and the Association believe in equal competition among schools and the close relationship between academics and activities.

I. Discrimination (300)

A student-participant will not participate in or condone unfair discriminatory practices against a fellow participant due to age, gender, race, ethnicity, religion, sexual orientation, or disability, nor shall the student be discriminated against under the same criteria.

II. Hazing & Bullying (1710.2)

As a student-participant, I will not be the organizer of, or participant in an activity constituting hazing. Hazing is defined as any conduct or method of initiation, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include but is not limited to whipping, beating, branding, forced behaviors involving, food, alcohol, drugs or other substances, destruction of property, and/or brutal treatment or forced physical/sexual activity which is likely to adversely affect the physical health or safety of the student or any other person.

The CHSAA Rules of Participation

1. Academic (1710)

A school must select one of three options for determining the eligibility of all its students, and schools have the right to impose stricter standards.

2. Make-up Work (1740)

Each student must be academically eligible in accordance with the above section at the time of participation and during the previous semester. Make up work shall not be permitted after the close of the semester for the purpose of becoming eligible. (Cases involving special circumstances should be referred to your principal.)

If eligibility has been lost from a previous semester, students may regain their athletic eligibility on the sixth Thursday following Labor Day (1st semester) and the Friday immediately prior to March 10th (2nd semester).

Summer school credits accepted by the school may be used to replace credits in subjects failed during previous semesters.

Dropping a class may make you ineligible. If you play while ineligible, you may cause your team to forfeit any contests in which you played.

3. Citizenship (1710)

The school principal must approve the student to be a representative of the school's standards of citizenship, conduct and sportsmanship.

4. Conduct – Ejections (2200)

If a student is ejected from a contest for unsportsmanlike conduct, he/she will be ineligible for the next scheduled match or contest played at that level including qualifying and state contests. The student may not participate in any contests at any other level during this period. For the season, the student will be permitted to compete in one fewer contest than the maximum allowed each participant in the sport.

A second ejection during the season shall result in a 2 contest suspension. A third ejection will result in a review of the student's future eligibility by the CHSAA Commissioner.

If a student is ejected in the final contest of a season, he/she is ineligible for the first contest of the next sport in which he/she competes and completes the season. Players leaving the bench during a fight shall be ejected and ineligible for the next contest.

5. Outside Competition (2100)

As a member of any high school team, a student may practice or compete in that sport during that sport season in a non-school event with prior written permission of the principal.

Members of high school teams may compete in non-school events in that sport without written permission on the day following the completion of the season for the level (freshman, sophomore, junior varsity, varsity) of the team on which they are competing. NOTE: A student becomes subject to the outside competition rule on or after the first date of formal practice, when he or she reports out for practice and is in contention for a berth on the team.

6. Undergraduate (1710)

A student may not be a graduate of any high school and participate in high school athletics.

7. Recruiting (1810)

Any recruiting based on athletic ability or interest is prohibited.

8. Age (1770)

A student's 19th birthday must fall on or after August 1 of the current school year. Exceptions to this rule, based on educational handicaps, may be requested, provided the student's original class has not graduated.

9. Semesters (1770.2)

Upon entering high school, a student's eligibility will continue only until his/her original class graduates. Once entering ninth grade, a student has eight consecutive semesters of eligibility. NOTE: If a student drops out of school or misses competition due to an injury, he/she will not receive additional eligibility.

10. Seasons (1700.2)

A student is allowed a maximum of 4 seasons in any sport.

11. Physical Exam (1780)

A student may not practice or compete (music, student council and speech participants are exempt) without a physical exam that is:

- Signed by an MD, DO, chiropractor who is school physical certified (DC, SPC), nurse practitioner or physician's assistant licensed by the State of Colorado.
- Current within the last 12 months.
- On file with principal or athletic director prior to first practice.

12. Practice (2310)

A total of 5 different days of practice is required before participating in any interscholastic game or scrimmage (except football which needs 9 days). OTHER EXCEPTIONS: (A) Golf, skiing, softball and tennis players. (B) Participants in state playoff games completed on or after the first day of formal practice.

No contact between a coach and player is allowed on Sundays during the school year unless it is for a social, academic or service related activity that is strictly voluntary. A student cannot be required to practice or compete outside of the season as a condition of making the team.

13. Transfer Rule (1800)

NEW: Anytime a student moves from one school to another, the student is considered a "transfer" student; eligibility must be applied for through paperwork initiated by the previous school, and verified by the current school.

A student who participates in a formal practice at the beginning of the school year and then transfers without a parental move will be ineligible for varsity competition for the remainder of that sports season.

- Athletic Transfer (1800.6)

Any transfer substantially motivated by athletic considerations will cause the student to be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer.

- Summer Transfer (1800.5)

A transfer from one high school to another during the summer without a permanent change of domicile by the student and his/her family to the attendance area of the new school will render the student ineligible for varsity competition for the first half of the season in any sport in which the student competed during the previous 12 months. The student may practice with the team and play at the sub-varsity level during this period of restricted participation.

- Mid-year Transfer (1800.6)

A student who transfers after the start of the school year without an accompanying family move shall:

- Have restricted (sub-varsity) eligibility for the remainder of that school year in sports played in the last 12 months.
- In the next school year, the student will have only sub-varsity eligibility for the first 50% of the season in those sports played 12 months prior to the move



CHSAA BYLAWS – PARENT & STUDENT INFORMATION

- Transfer with Club Coach or Previous Coach (1800.6)

A student transferring or moving for any reason to a new school where the student's non-school coach is also a coach of the school team, is considered to be attending for athletic purposes. The student, as a result of this transfer, will be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer. If a student transfers to a school where his/her previous coach is a coach of the current school team, that move will be deemed motivated by athletic consideration.

As used in this Rule, the coach may be a former school coach or non-school coach and the term "coach" includes any person who coaches, volunteers (regardless of compensation) or assists in any capacity with the coaching or training of the school or non-school team.

- General Transfer Information (1800)

It is the student's responsibility to know the CHSAA Transfer Rule and how it affects that student's eligibility. The CHSAA Commissioner may grant exceptions to this rule in unusual cases. Only schools may submit a waiver. If a waiver of the transfer rule is requested, the student is not eligible until the waiver is approved by the CHSAA Commissioner. Transfer cases involving separation and/or divorce proceedings should be reviewed with the school administration.

15. Awards (2010)

Individuals participating in any interscholastic athletic/activity sponsored and/or approved by the Association shall not

accept cash or merchandise awards. Awards must be symbolic in nature with no functional or intrinsic value with a cost of no more than \$50.00.

16. Amateur (2000)

If a student participates in a CHSAA approved sport, in other than CHSAA competition, his/her amateur status is determined by the rules of the amateur governing body of that sport. Amateur status of Colorado high school athletes applies only to sports sanctioned by the CHSAA.

17. Bullying & Hazing (1710.2)

The Colorado High School Activities Association, in conjunction with its member school, prohibits bullying, hazing, intimidation or threats. Hazing includes humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in any CHSAA sanctioned activity. I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.

After reviewing the above information, if you still have questions, please contact your school's athletic director. This list is by no means inclusive; however, it is intended to outline the most common questions and bylaws. For more information, please visit our website CHSAANow.com.

Checklist for Student Eligibility

If a student cannot check any of the items, he/she needs to contact the athletic director or principal.

- At least 5 full credit classes.
- (Choose 1) Option A (Failing no more than one class)
- Option B (Passing a minimum of 5 full-credit classes)
- Option C (Approved alternate academic program)
- Complied with first two items last semester.
- Physical exam within the last calendar year.
- Parent permit form on file at the school.
- Have not changed schools during the current school year without a corresponding move by parents.

- Will not or have not turned 19 before August 1.
- Has not been in high school longer than 8 consecutive semesters.
- Will not play more than 4 seasons in any sport.
- Will not compete or practice in any non-school events in my sport once reporting out for the team, without the permission of my principal.
- Has complied with all other school, district, and local eligibility requirements.

I have read and understand the CHSAA Eligibility Rules as documented here as well as specifically read in the CHSAA Bylaws. I understand and acknowledge the inherent risks of participating in Athletics and by signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also understand that any violation of this could result in school or team consequences that could include dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.

Signed: _____ (Parent)

_____ (Participant)

_____ (School)

_____ (Date)

WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated: There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

Instruction: Sign both copies, retain one for your records, and return the other to your school.

Student's Name _____ Sport(s) _____

This will acknowledge that we have read and understand the material contained in the NOTICE TO ATHLETES AND PARENTS OR GUARDIANS.

* * * * *

Signed _____ Date _____
Parent or Guardian

Signed _____ Date _____
Student

**INDEPENDENT SCHOOL DISTRICT ATHLETIC DEPARTMENT
EMERGENCY PROCEDURES AND ORAL MEDICATION CARD**

In case of injury or serious illness, I hereby grant permission for school employees to secure medical services for the student below throughout the 6-12 grade. I also give permission for the medication I have checked on the reverse side of this card to be administered by the Team Physician, Athletic Trainer, and/or Coach as necessary to keep my son/daughter in optimum health for maximum performance.

Sport(s) _____ DOB / / _____ Grade _____ Student ID # _____ School Year _____

Student's Name _____ (Last) _____ (First) _____ (Middle) _____

Home Address _____ (Street) _____ (City) _____ (Zip) _____

Home Phone (____) _____ Parent's Names: _____

Father's Work Phone (____) _____ Mother's Work Phone: (____) _____

Father's Cell Phone (____) _____ Mother's Cell Phone (____) _____

Please answer the following questions with either Yes-No-or the appropriate answer:

Blood type _____ Diabetes _____ Heart Trouble _____ Epilepsy _____ Contact/Glasses _____ Drug Allergies _____

Group Insurance: _____ Policy # _____ Expiration Date: _____ / _____ / _____

Family Physician: _____ Physician Phone (____) _____

Signature of Parent or Guardian: _____ Date: _____

2019-20 DOLORES ATHLETIC STUDENT-PARENT HANDBOOK SIGNATURE PAGE

I/We acknowledge that we have received and read the Dolores Activity/Athletic Handbook. Detach, sign and return this form to your building Athletic Director once you And your student have reviewed the information. I/We understand that the policies contained in this handbook are binding and the extent of the potential consequences of any violations by my child.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

or

I understand and consent to the responsibilities outlined in the School's Parent/Student Activity/Athletic Handbook. I also understand and agree that I shall be held accountable for the behavior and consequences of the policies outlined in the Parent/Student Activity/Athletic Handbook at Dolores High School and at all school sponsored and school related activities, including school sponsored travel and for any school related misconduct, regardless of time or location. I understand that any student, who violates the rules, regulations, and policies, shall be subject to disciplinary action, up to and including referral for criminal prosecution for violation of law.

I acknowledge that I have read, understand, and accept the Student Handbook and that I will abide by the rules and regulations contained within.

Student Name (Print) : _____

Parent Signature: _____

INSURANCE COVERAGE VERIFICATION

Student Signature: _____ Date: _____

I understand my student cannot practice/participate in athletics unless he/she is covered by insurance.

_____ I want to buy school insurance for my student. Attached is a copy of the receipt for the school insurance. *(information on the page 21 – next page)*

_____ I have adequate accident and medical insurance to cover an injury, which he/she may incur while taking part in the interscholastic athletic program. The name of our family medical insurance company is

Attached is a copy of our insurance policy.

Parent/Guardian Signature: _____ Date: _____

STUDENT ELIGIBILITY INFORMATION FORM:

I hereby give my consent for _____
to compete in athletics for **Dolores Secondary School** in Colorado High School Activities Association approved sports, except as noted on the Physical Examination and Parent Permit Form, and I have read and understand the general guidelines for eligibility as outlined in the CHSAA Competitor's Brochure (as found on the CHSAANow.com website). I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA Competitor's Brochure. No student shall represent their school in interschool athletics until there is a statement on file with the superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that he/she has passed an adequate physical examination within the past year, noting that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, (DC, Spc.) is physically fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian to participate; and, the parent and participant have read, understand and agree to the CHSAA guidelines for eligibility.

CHSAA Anti-Hazing Policy

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing includes, but is not limited to humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in any CHSAA sanctioned activity.

I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.

By signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also understand that any violation of this could result in school or team consequences that could include dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.

Student Athlete Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Please sign and return this back page to the DSS Activity/Athletic Office

My student/athlete will be participating in the following sports and/or activities:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

DHS Athletic Training Code Contract

I have read the Dolores High School Athletic Training Code. I understand that my son/daughter will be governed by these training rules as a participant in Dolores High School athletics. I have reviewed the training rules with my student and his/her signature hereto acknowledge an understanding of the rules and the consequences of violations thereof.

Student Signature

Date

Parent/Guardian Signature

Date

Insurance Coverage

I understand my student cannot participate in athletics unless he/she is covered by insurance

_____ I want to buy school insurance for my student

_____ I have adequate accident and medical insurance to cover any injury which he/she may incur while taking part in the interscholastic athletic program. The name of our family medical insurance company is _____

Parent/Guardian Signature _____