

THOMPSON SCHOOL DISTRICT CHECKLIST FOR ATHLETIC PARTICIPATION

Check as completed	Revised 4/22/16
_____	<p>RETURN COMPLETED ATHLETIC PACKET TO ATHLETIC OFFICE</p>
_____	<p>PART A - PARENT PERMIT FOR ATHLETIC PARTICIPATION</p> <ul style="list-style-type: none"> • Parent Permit for Athletic Participation <p><i>Read and complete with parent/guardian. Release must be signed by parent/guardian.</i></p>
_____	<p>PART B – SIGNATURE PAGE</p> <ul style="list-style-type: none"> • Acknowledgement for Code of Conduct, Training Rules and Standards for Communication • Anti-Hazing Policy CHSAA <p><i>Read and complete with parent/guardian. Must be initialed and signed by parent/guardian and student athlete.</i></p>
_____	<p>PART C - MEDICAL</p> <ul style="list-style-type: none"> • Physician Clearance <ul style="list-style-type: none"> ○ Must be completed by a M.D., D.O., D.C., Spc. or nurse practitioner. ○ Schedule your appointment well in advance – at least two months of your sports season. ○ To be valid, a physical must have been given within the last 365 calendar days.
_____	<p>PART D - ATHLETIC INJURY/EMERGENCY INFORMATION</p> <ul style="list-style-type: none"> • Athletic Injury Emergency Information <p><i>Must be signed and completed at the beginning of each season of participation.</i></p>
_____	<p>ATHLETIC FEE – PAYMENT TYPES ACCEPTED ARE CASH, CHECK OR REVTRAK (online payment)</p> <p><u>HIGH SCHOOL</u> A \$125 high school enrolled /\$175 high school non-enrolled. A \$150 football equipment fee for all first time participants. The football equipment fee does NOT count towards the family maximum. High school family maximum of \$325.00 per family per school year for enrolled students; family maximum for non-enrolled students is \$460.00.</p> <p><u>MIDDLE SCHOOL</u> \$50 middle school enrolled/\$70 middle school non-enrolled or \$20 intramural enrolled/\$30 intramural non-enrolled. Middle school family maximum of \$125.00 per family per school year for enrolled students; family maximum for non-enrolled students is \$175.00.</p> <p><u>HIGH SCHOOL & MIDDLE SCHOOL</u> <i>Athletic fee must be paid before the issuance of clearance to participate.</i> Those students on the free/reduced lunch program may request a waiver from this fee. Any other students having a financial hardship may see the athletic director to discuss a waiver of the fee. Payment types accepted are cash, check or RevTrak (online payments).</p>

1. Bring completed packet and payment (or make your payment online and bring your receipt) to Athletic office.
2. Clearance will be issued after ALL items listed and your FEE or WAIVER has been submitted.
3. Report to the coach with the clearance. No participation will be allowed until clearance has been given to the coach.
4. Clearance must be requested (and the fee paid) at the beginning of each sport season in which the student participates. (Check with your school office for specific school variations to this procedure.)

PART A PARENT PERMIT FOR ATHLETIC PARTICIPATION

Athlete _____ Grade _____ Sport _____
School Attending _____ Home-Schooled Yes ___ No ___
Moved/Transferred in last 12 months Yes ___ No ___ Foreign Exchange Student Yes ___ No ___
Parent/Guardian Email Address _____

Please complete the following information if athlete is attending a school other than school of home attendance area or is home-schooled.

Address _____
City _____ Zip _____ DOB _____ Age _____
Parent/Guardian Name _____ Cell Phone _____
Date Enrolled at current school _____ School Previously Attended _____
Practice or played this year at previous school? Yes ___ No ___
Previous Enrollment from (mm/dd/yy) _____ to (mm/dd/yy) _____

Please read and complete with parent/guardian.

Warning: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which the 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 OR DEATH. Despite the rules and regulations geared toward safety and protecting athletes in all sports, along with the extensive amount of equipment that some athletes must wear to participate in their sport, the very nature and physicality of contact and non contact sports can easily lead to injury and neither equipment nor training will eliminate the risk of 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 TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT AND USE THEIR OWN EQUIPMENT DAILY.

The Thompson School District generally provides district transportation for students to and from a great many activities, events, matches and games. However, the district is unable to provide district transportation in all circumstances and to all events or activities. When district transportation is not available, it is the student's parent's or guardian's responsibility to provide or arrange for their student's transportation to and from the event.

By signing this permit for athletic participation, 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.

I HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED STUDENT TO, (1) represent his/her school in approved athletic activities except those indicated on the physician's statement form; (2) accompany any school team of which he/she is a member on its local or out-of-town trips; (3) receive, through a medical doctor, emergency medical technician, coach or certified athletic trainer of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel. I understand that the cost of such medical care is my responsibility. I further agree not to hold the school, or anyone acting in its behalf, responsible for any injury occurring to the student in the proper course of such athletic activities or travel.



Date _____ Parent/Guardian Signature _____

In compliance with school district policy, every student participating in an organized athletic program must be covered by appropriate medical/accident insurance and a release of liability by the parent or guardian for any injury or accident which may occur while participating in such programs. I agree to keep such insurance in force and effect; and I hereby assume full and complete financial responsibility relative to any injury or accident that occurs while participating in the athletic program, or traveling to and from such a program. **I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT HAS THE FOLLOWING INSURANCE COVERAGE:**

Insurance _____ Policy/Group Number _____

(If family medical insurance is not available, the student must purchase school-time medical insurance.) Information on this plan is available at the high school or District Office Insurance Department.

PART B SIGNATURE PAGE

Parent/Guardian AND Student Athlete - Please initial next to the arrows and sign where indicated.

ACKNOWLEDGMENT FOR CODE OF CONDUCT, TRAINING RULES AND STANDARDS FOR COMMUNICATION

➡ _____, _____ The following signatures indicate that both the parent and student-athlete have read the Thompson School District Standards for Communication - Athletics and Activities Handbook and the athletic training/conduct rules located online and **agree to the terms, stipulations and understand that this document is effective until the athlete's graduation:**

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, forces 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 a 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.

➡ **PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

➡ **STUDENT ATHLETE SIGNATURE** _____ **DATE** _____

Part D

ATHLETIC INJURY EMERGENCY INFORMATION

Athlete _____ Birthdate _____ Age _____ Grade _____ Height _____ Weight _____
School Attending _____ Home-Schooled Yes ___ No ___ Sport _____
Parent/Guardian _____ Cell Phone _____
Address _____ Home Phone _____
City _____ Zip _____ Email Address _____
Other Emergency Contact _____ Cell Phone _____
Physician _____ Phone _____ Hospital Preference _____
Insurance Company _____ Policy/Group # _____

I hereby give permission for the coach or other school official to arrange for emergency treatment for the above named student with a physician, EMT, certified athletic trainer or hospital emergency room in the event that I cannot be notified. I understand that the school does not carry insurance for any loss that may be sustained due to injury as a result of athletic participation.

➔ _____ Date _____
Parent/Guardian

The following information may be needed to insure proper responses in certain situations. Please complete accurately.

1. Known allergies and medications:

<u>Allergy</u>	<u>Medications/Dosage Being Taken</u>
_____	_____
_____	_____

2. Other Medications/Dosages Being Taken:

3. Known medical conditions (circle if applicable and add others):

_____ Diabetes _____ Seizure Disorder _____ Asthma
Other _____

4. History of significant old injury (what, where, when?):

5. Date of last tetanus: Month _____ Year _____

PHYSICIAN CLEARANCE

Name of Student Athlete _____

Date of Birth _____

A. Cleared

B. Cleared after completing evaluation/rehabilitation for:

C. Not cleared for: _____

collision

contact

non-contact ___ strenuous ___ moderately strenuous ___ non strenuous

RECOMMENDATIONS:

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR:

ADDRESS _____

PHONE _____

SIGNATURE OF MD/DO,PA/NA,DC-SPC#

DATE: _____