

# CONRAD BALL MIDDLE SCHOOL

Dear Parents and Athletes.

The following packet of forms and information is very important if you want your son/daughter to participate in athletics at Conrad Ball Middle School. All paperwork and applicable fees must be turned in together to have them processed appropriately. They can be turned in to the Kevin Miles, our Athletic Director or the Secretary in the front office. There is no travel fee for intramurals. After 2 weeks from sport starting date, there will be no refunds or transfer of fees between sports.

Sport	Cost to Participate	Traveling (Varsity) Team cost	Total Cost
Cross Country (boys and girls)	\$50.00		\$50.00
Swimming and diving (boys and girls)	\$50.00		\$50.00
Volleyball (girls)	\$20.00	\$30.00	\$50.00
Basketball (boys)	\$20.00	\$30.00	\$50.00
Basketball (girls)	\$20.00	\$30.00	\$50.00
Wrestling (boys and girls)	\$50.00		\$50.00
Track and Field (boys and girls)	\$50.00		\$50.00

**\*\*Fees are per student per sport.**

Please pay the cost to participate until you are notified if your child has made the Traveling (Varsity) team.

Volleyball and basketball have an additional \$30 fee for the traveling team.

Non-enrolled fees - \$30 participation, \$70 Varsity (Swim, Wrestling, and Cross Country)

Sincerely,

Kevin Miles

Athletic Director, 613-7398

NAME \_\_\_\_\_ Sport \_\_\_\_\_

- 1) Complete Athletic Packet (Please make sure to include all required signatures and dates.)  
Check/Cash \$ \_\_\_\_\_
- 2) Covid - 19 Waiver (***must be turned in prior to participation***)
- 3) Sports Physical (***must be signed by your doctor and turned in prior to participation***)
- 4) Parent/Guardian Consent and Release (includes insurance coverage)

Immunizations (please get clearance form from the school nurse if your physical is on file)

**\*\*Insurance is a requirement. If you do not have an insurance policy, one can be purchased through the school. Contact the office for an application form.**

# THOMPSON SCHOOL DISTRICT CHECKLIST FOR ATHLETIC PARTICIPATION

Revised 8/13/2020

<b>Check as completed</b>	<b>RETURN COMPLETED ATHLETIC PACKET TO ATHLETIC OFFICE</b>
_____	<p><b>PART A - COVID-19 RELEASE FORM</b></p> <ul style="list-style-type: none"> <li>• <b>Assumption of risk, release and waiver of liability for activities</b></li> </ul> <p>Read and complete with parent/guardian. Must be completed and signed by parent/guardian prior to participation.</p>
_____	<p><b>PART B - MEDICAL</b></p> <ul style="list-style-type: none"> <li>• <b>Physician Clearance</b></li> </ul> <p style="padding-left: 40px;">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 season. To be valid, a physical must have been completed within the last 365 calendar days.</p>
_____	<p><b>PART C - PARENT PERMIT FOR ATHLETIC PARTICIPATION</b></p> <ul style="list-style-type: none"> <li>• <b>Parent permit for athletic participation</b></li> </ul> <p>Read and complete with parent/guardian. Release must be signed by parent/guardian</p>
_____	<p><b>PART D - SIGNATURE PAGE</b></p> <ul style="list-style-type: none"> <li>• <b>Acknowledgment for code of conduct, training rules and standards for communication</b></li> <li>• <b>Anti-Hazing policy CHSAA</b></li> </ul> <p>Read and complete with parent/guardian. Must be initialed and signed by parent/guardian and student athlete.</p>
_____	<p><b>PART E - ATHLETIC INJURY/EMERGENCY INFORMATION</b></p> <ul style="list-style-type: none"> <li>• <b>Athletic injury emergency information</b></li> </ul> <p>Must be signed and completed at the beginning of each season of participation.</p>
_____	<p><b>ATHLETIC FEE - PAYMENT TYPES ACCEPTED ARE CASH, CHECK OR REVTRAK (ONLINE PAYMENT)</b></p> <p><b><u>High School</u></b> \$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 per family per school year for enrolled students; family maximum for non enrolled students is \$460.</p> <p><b><u>Middle School</u></b> \$50 middle school enrolled/ \$70 middle school not enrolled or \$20 intramural enrolled/ \$30 intramural non-enrolled. Middle school family maximum of \$125 per family per school year enrolled students; family maximum for non enrolled students is \$175.</p> <p><b><u>High School &amp; Middle School</u></b> <b>Athletic fee must be paid before issuance of clearance to participate.</b> Those students on the free/reduced lunch program may request a waiver from this fee. Any other students having financial hardship may see the athletic director to discuss a waiver of the fee.</p>

1. Bring completed packet and payment (or online payment receipt) to the athletic office.
2. Clearance will be issued after ALL items listed and your fee or waiver have been submitted.
3. Report to the coach with clearance. No participation will be allowed until clearance has been given.
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.)

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY FOR ACTIVITIES**  
*(BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS,  
INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!)*

PARTICIPANT NAME: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_

ACTIVITY SPONSOR: \_\_\_\_\_

**ASSUMPTION OF RISK:**

As the undersigned parent or legal guardian of the participant identified above (“Child”), I understand and hereby acknowledge that Child’s participation in the District’s summer activities (“Activities”), involves inherent risks and hazards, including without limitation, dehydration, heat exhaustion, heat stroke, drowning, suffocation, hypothermia, frostbite, sunburn, dehydration, slips, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, blisters, burns, muscle soreness, bruises, sprains, dislocations, lacerations, fractures, concussions, paraplegia, quadriplegia, transmission of communicable diseases, including but not limited to COVID-19, or other serious permanent physical impairment and even death, as well as minor or catastrophic property damage and loss. A complete listing of inherent and other risks is not possible. There also are risks that cannot be anticipated.

I hereby give my permission for the Child to participate in the Activities. I freely accept and fully assume all risks, dangers, hazards, and costs of Child’s participation in the Activities. I represent that the Child has no medical or physical conditions that could interfere with the Child’s safety or the safety of others while engaging in the Activities. I understand and agree that (i) the District does not have any medical/dental/hospitalization insurance covering students for injuries incurred while engaged in the Activities and related activities; (ii) the District and its employees, contractors, agents and volunteers may chaperone and admit the Child to a medical facility or seek emergency medical transportation services for the Child for purposes of receiving emergency medical and surgical treatment in a medical facility by a physician or other licensed health care provider, understanding that reasonable attempts will first be made to contact me at the contact information I supplied to the District, time and conditions permitting, and that I am solely responsible for any costs associated therewith; and (iii) I bear all costs of injury to the Child or damage to the Child’s property.

I acknowledge and agree that the Child shall comply with all policies, rules, regulations, and instructions of the District, its employees, contractors, agents and volunteers, including those implemented to help reduce the risk of COVID-19 transmission, as related to the Child’s participation in the Activities or use of any equipment provided in furtherance thereof, and I acknowledge that the District will suspend or revoke the Child’s participation in the Activities if

the Child does not comply with said policies, rules, regulations, and instructions.

I understand that the District cannot accept and will not have any responsibility for the Child's or any third party's intentional or negligent acts or omissions, including product liability, occurring during the Child's participation in the Activities.

### **RELEASE OF LIABILITY, WAIVER OF CLAIMS**

In consideration of the District allowing the Child to participate in the Activities, on behalf of the Child and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on the Child's behalf against the District, its elected officials, directors, officers, employees, contractors, agents and volunteers (collectively hereinafter referred to as the "Released Parties"), arising directly or indirectly from the Child's participation in the Activities.
2. TO RELEASE AND HOLD HARMLESS THE RELEASED PARTIES from any and all liabilities, claims, causes of action, losses, damages, injuries or expenses that the Child may suffer as a result of, but not limited to, the Child's participation in the Activities.
3. TO INDEMNIFY RELEASED PARTIES and each of them for any and all expenses incurred, including without limitation, attorneys' fees and costs, as the result of any claim brought against any of the Released Parties by anyone relating in any way to the Child's acts or omissions or as a result of injury or loss sustained by the Child while participating in the Activities.
4. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death or incapacity.
5. THAT THE TERMS OF THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall apply and have priority over any previous agreement or written agreement, representation, terms or conditions to the contrary, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be governed by, interpreted in accordance with the laws of, and enforced in the federal and state courts of the State of Colorado.

I HAVE FULLY READ AND UNDERSTAND THIS ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY FOR THE ACTIVITIES AND AGREE TO BE BOUND BY IT. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, TO CONSULT WITH AN ATTORNEY TO THE EXTENT I HAVE DEEMED IT NECESSARY, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, UNDERSTAND THIS ENTIRE DOCUMENT, CONSIDER ITS EFFECTS, AND AGREE TO BE BOUND BY ITS TERMS. I ACKNOWLEDGE THAT PARTICIPATION BY THE CHILD IN THE ACTIVITY IS VOLUNTARY. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF THE CHILD AND/OR MYSELF TO BRING LEGAL ACTION AGAINST THE DISTRICT. I SIGN THIS ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY KNOWINGLY, VOLUNTARILY AND OF MY OWN FREE WILL.

**Part A**

Parent(s)/Guardian(s)/Legal Custodian(s)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s)/Legal Custodian(s)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge and agree that I will comply with all policies, rules, regulations, and instructions of the District, its employees, contractors, agents and volunteers, as related to my participation in the Activities or use of any equipment provided in furtherance thereof, including those implemented to help reduce the risk of COVID-19 transmission.

**Student**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be completed in full, signed and dated before a student will be allowed to participate.***

**Part B**

**PHYSICIAN CLEARANCE**

- 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: \_\_\_\_\_

**Part C**

**PARENT PERMIT FOR ATHLETIC PARTICIPATION**

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

**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’S/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:**

NAME OF INSURANCE \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

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

**SIGNATURE PAGE**

**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:**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student/Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**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 of further disciplinary consequences and/or referral to law enforcement.

**Date:** \_\_\_\_\_ **Student Athlete Signature:** \_\_\_\_\_



Part E

ATHLETIC INJURY EMERGENCY INFORMATION

Athlete \_\_\_\_\_

Birthdate \_\_\_\_\_ Class \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

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 or 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 inoculation: Month \_\_\_\_\_ Year \_\_\_\_\_