### THOMPSON SCHOOL DISTRICT CHECKLIST FOR ATHLETIC PARTICIPATION

<table>
<thead>
<tr>
<th>Check as completed</th>
<th>RETURN COMPLETED ATHLETIC PACKET TO ATHLETIC OFFICE.</th>
<th>Revised 4/22/16</th>
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</thead>
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### PART A - MEDICAL
- Physician Clearance
  - 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 prior to your sports season.
  - To be valid, a physical must have been given within the last 365 calendar days

### PART B - PARENT PERMIT FOR ATHLETIC PARTICIPATION
- Parent Permit for Athletic Participation
  - Read and complete with parent/guardian. Release must be signed by parent/guardian.

### PART C – SIGNATURE PAGE
- Acknowledgement for Code of Conduct, Training Rules, and Standards for Communication
- Student Eligibility Information CHSAA
- Anti-Hazing Policy CHSAA
  - Read and complete with parent/guardian. Must be initialed and signed by parent/guardian and student-athlete.

### PART D - ATHLETIC INJURY/EMERGENCY INFORMATION
- Athletic Injury Emergency Information
- Orthopaedic & Spine Center of the Rockies - OCR form
  - Must be signed and completed at the beginning of each season of participation.

### ATHLETIC FEE – PAYMENT TYPES ACCEPTED ARE CASH, CHECK OR REVTRAK (online payment)

| HIGH SCHOOL | $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 is $325.00 per family per school year for enrolled students; family maximum for non-enrolled students is $460.00. |  |
| MIDDLE SCHOOL | $50 middle school enrolled/$70 middle school非-enrolled or $20 intramural enrolled/$30 intramural non-enrolled. Middle school family maximum is $125.00 per family per school year for enrolled students; family maximum for non-enrolled students is $175.00. |  |
| HIGH SCHOOL & MIDDLE SCHOOL | Athletic fee must be paid before the issuance of clearance to participate. 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 or athletic secretary to discuss a waiver of the fee. Payment types accepted are cash, check, or RevTrak (online payments). |  |

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 have 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 - MEDICAL

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: __________________________
PART B - 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 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 C - 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:

STUDENT ELIGIBILITY INFORMATION

I hereby give my consent for ____________________________ to compete in athletics for ____________________________ 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 CHSAA site).

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, 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.

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:

   Allergy ____________________________________________

   Medications/Dosage Being Taken __________________________

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 ____________
Consent for Athletic Conditioning, Training and Health Care Procedures

I hereby give consent for my child to participate in the school’s athletic conditioning and training program and to receive any necessary treatment, including first aid, diagnostic procedures and medical treatment, that may be provided by treating physicians, nurses and other healthcare providers including OCR Athletic Trainers and OCR physicians. OCR has my permission to release athletic injury information about my child to the school. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary treatment. I understand that OCR does research in the prevention of the athletic injuries and use generalized information that does not personally identify the individual student. OCR may use this generalized information that does not identify my child in such research.

Parent or Guardian Signature __________________________  Date: __________

This card is valid from August 1, 2016 - July 31, 2017.

Note: If any changes in the above information occur, a new card must be completed by the parent.