

SPORT(S): _____ Physical Expires: _____

COLORADO SPRINGS SCHOOL DISTRICT #11 PARTICIPATION FORM

Last name M ___ F ___ Grade _____ First Name Student ID School attended last semester

Address City State Zip Birth Date

Parent or Guardian's Name Parent Email Address Home # Work # Cell #

Physician Hospital Preference Emergency Contact Name & Phone# Health Concerns:

COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined the above named student and that this student was found physically fit to engage in the following sports: baseball, basketball, cheer, cross county, football, golf, gymnastics, softball, tennis, swimming, track and field, wrestling, volleyball, soccer, ice hockey, and lacrosse. (Please cross out any sport in which the student should not participate.)

Date of exam (valid for 365 days unless rescinded) (PRINT) Physician Name and Phone Number SIGNATURE

COLORADO SPRINGS SCHOOL DISTRICT 11 ATHLETIC ACTIVITY INSURANCE WAIVER /PHOTO RELEASE / STATEMENT OF ELIGIBILITY & ASSUMED RISK:

This statement releases Colorado Springs School District 11 schools of responsibility in case of accident to my son/daughter while he/she is participating in interscholastic activities. I fully understand that Colorado Springs School District 11 does not provide accident and health insurance coverage for my son/daughter while he/she is Participating in interscholastic activities. However, such insurance is made available by the Colorado Springs School District 11 through an authorized agent. I further understand that it is my responsibility to provide accident insurance for my son/daughter. I hereby give my permission to Colorado Springs School District 11 to publish photographs and/or videos of my student. I understand that such publication may occur through school and/or district newsletters, media releases, public reports, training material, assemblies, public meetings, the district websites, I further understand that this permission for the Colorado Springs School District 11 to publish will remain in force until such a time as the District Communications Office or School Principal is notified by me in writing of its withdrawal. To purchase affordable accident insurance for your student, please go to www.studentinsurance-kk.com and click the "Enroll Now" button.

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous which a student will engage in or out of school, by its nature, participation in the interscholastic athletics includes a risk of injury which may range in severity from minor to long-lasting catastrophic. Although serious injuries are not common in supervised school programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily. By signing this form, we acknowledge that we have read and understand this warning. No student shall represent their school in interscholastic athletics until this statement is on file and signed by his/her parent or legal guardian and a physical form certifying that he/she has passed an adequate physical examination within one 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 parents and participant have received a Concussion Fact Sheet and have read, understand and agree to the "THE CSSD11 ATHLETIC HANDBOOK" found at: [HTTP://WWW.D11.ORG/ATHLETICS](http://WWW.D11.ORG/ATHLETICS) and CHSAA guidelines for eligibility found in "THE CHSAA COMPETITORS BROCHURE" found on the CHSAA website.

CONSENT FOR EMERGENCY TREATMENT: I hereby give my consent for the student mentioned on this form to compete in athletics for Colorado Springs School District 11, in Colorado High School Activities Association approved sports except those crossed out below. Baseball, basketball, cheer, cross county, football, golf, gymnastics, softball, tennis, swimming, track and field, wrestling, volleyball, soccer, ice hockey, and lacrosse. In consideration of my son's/daughter's opportunity to participate in interscholastic activities, hereby consent to emergency treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child and liability of Colorado Springs School District 11, any of its agents or employees, arising out of such medical treatment. **PARENT OR GUARDIAN AND STUDENT WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THE WARNING ABOVE; ELIGIBILITY GUIDELINES; INSURANCE OR PHOTO RELEASE AND PAYMENT AGREEMENT SHOULD NOT SIGN THIS PERMISSION FORM.**

Date Parent or Guardian Signature

FEE SCALE REQUIRMENTS: PARENTS MUST PROVIDE PROOF OF FREE OR REDUCED LUNCH TO BE ELIGIBLE FOR FEE SCALE DISCOUNTS Call 520-2924 to obtain your letter The full fee will be collected until proof of free or reduced lunch is submitted. A copy of the current school years National School Lunch Program approval letter from CSSD11 Food Service must be brought to the business office at the same time of the sports registration.. A current letter must be submitted each school year. **Please Note: The business office does not have access to this confidential information.**

FALL F/R letter? ___ Oblg? ___ \$ amt paid ___
Sport: Pmt Type Date

WINTER F/R letter? ___ Oblg? ___ \$ amt paid ___
Sport: Pmt Type Date

SPRING: F/R letter? ___ Oblg? ___ \$ amt paid ___
Sport: Pmt Type Date