

**BOTH SIDES OF THIS FORM MUST BE COMPLETED**

**SCHOOL DISTRICT 11 ATHLETIC PARTICIPATION FORM**

**PERSONAL INFORMATION**

_____	_____	_____	_____
<b>Last name</b>	<b>First Name</b>	<b>Sport</b>	<b>Grade</b>
_____	_____	_____	_____
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____
<b>Birth Date</b>	<b>Year you started 9<sup>th</sup> grade</b>	<b>School attended last semester</b>	
_____	_____	_____	_____
<b>Parent or Guardian's Name</b>	<b>Home #</b>	<b>Work #</b>	
_____	_____	_____	
<b>Email Address</b>	<b>Cell #</b>		_____

**PHYSICIAN INFORMATION (Signature Required)**



**COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION  
Statement by Physician for Athletic Participation**

<input type="checkbox"/>	Initial Physical examination
<input type="checkbox"/>	Medical Re-evaluation

I hereby certify that I have examined the above named student and that this student was found physically fit to engage in high school 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\_\_\_\_\_ **Date** (valid for 365 days unless rescinded.)

\_\_\_\_\_ **Physician Signature**

**STATEMENT OF ASSUMED RISK INFORMATION (Signature Required)**

**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 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. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give my consent for the above named student 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.

**I HAVE ALSO READ AND UNDERSTAND THE COLORADO SPRINGS SCHOOL DISTRICT 11 ATHLETIC HANDBOOK WHICH CAN BE FOUND AT: [HTTP://WWW.D11.ORG/ATHLETICS/](http://www.d11.org/athletics/) (Hard copies available upon request)**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Parent's or Guardian's Signature**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Student's Signature**

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## INSURANCE RELEASE (Signature Required)

### COLORADO SPRINGS SCHOOL DISTRICT 11 ATHLETIC / ACTIVITY INSURANCE WAIVER

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.

1) I feel that my present insurance coverage is adequate: \_\_\_\_\_  
**Parent's or Guardian's Signature** **Date**

\*\*\*\*\* OR \*\*\*\*\*

2) I am purchasing student accident insurance for my son/daughter through the authorized agent approved by the Board of Education of Colorado Springs School District 11: \_\_\_\_\_  
**Parent's or Guardian's Signature** **Date**

## PHOTO RELEASE (Signature Required)

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, as well as through other school related publications and events.

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.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

## FEE SCALE AND REQUIREMENTS

The full fee will be collected until proof of free or reduced lunch is submitted.

\*\*\*The parent/guardian is responsible to provide proof of the student's qualification for "Free" or "Reduced" lunch program. A copy of the current school years National School Lunch Program approval letter from D11 Food Service must be brought to the business office at the same time of the sports registration. Call 520-2924 if you need a copy of your letter.

The letter must be submitted each school year.

**The business office does not have access to this confidential information.**

OFFICE USE ONLY		
Obligation(s)		
<b>Fall Sports Fee Due</b>	<b>Payment Today</b>	<b>Balance Due</b>
\$ _____	\$ _____	\$ _____
<b>Winter Sports Fee Due</b>	<b>Payment Today</b>	<b>Balance Due</b>
\$ _____	\$ _____	\$ _____
<b>Spring Sports Fee Due</b>	<b>Payment Today</b>	<b>Balance Due</b>
\$ _____	\$ _____	\$ _____

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