

Sand Creek Athletic Participation Form
Please complete form in its entirety or participation may be delayed or denied

=====

SECTION I: ATHLETE INFORMATION

Last Name: _____ First Name: _____ Sport _____ Fall ___ Winter ___ Spring ___
Male ___ Female ___ Age _____ Birth date _____ Grade _____
Parent/Guardian Name: _____ Email: _____
Address: _____ Zip Code: _____ Phone: _____ Cell: _____
Physician: _____ Physician Phone: _____
Hospital Preference: _____ Chronic Ailments: _____
Emergency Contact Person: _____ Emergency Contact Number: _____

=====

SECTION II: TRANSFER INFORMATION

Date you first attended *any* high school _____ Date you started at Sand Creek High School _____
List any high schools besides Sand Creek you attended and dates: _____
Did you participate in sports in your previous school? _____
If yes, what sports and level? _____

=====

SECTION III: SCHOOL DISTRICT 49 ATHLETIC/ACTIVITY INSURANCE WAIVER

This statement releases the District No. 49 schools of responsibility in case of accident to my son/daughter while he/she is participating in interscholastic activities. I fully understand that the District No. 49 schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. I further understand that it is my responsibility to provide accident insurance for my son/daughter. Please check one of the appropriate boxes:

_____ I have medical insurance coverage:
 **Company: _____
_____ I am purchasing student accident insurance for my son/daughter through the authorized agent approved by the Board of Education for School District 49
_____ I do not have insurance and will assume all responsibility for payment of expenses incurred in the event of injury

=====

Section IV: COLORADO HIGH SCHOOL ACTIVITIES STATEMENT FOR PARTICIPATION BY PHYSICIAN

_____ Initial physical examination _____ Medical Re-evaluation
I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school baseball, basketball, cross country, football, golf, gymnastics, softball, swimming, tennis, track and field, wrestling, volleyball, soccer, ice hockey, lacrosse. (Please cross out any sport in which the student should not participate.)
Date: _____ (valid for 365 days unless rescinded.) **Physician Signature:** _____ (must be signed by a physician)

=====

SECTION V: PARTICIPATION WARNING:

Although participation in supervised interscholastic athletics may not be considered hazardous, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM 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 understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give my consent for _____ to compete in athletics for Sand Creek High School, in the Colorado High School Activities Association approved sports except those crossed out below.

Baseball, Basketball, Cheer, Cross Country, Football, Golf, Softball, Tennis, Track and Field, Wrestling, Volleyball, Soccer
In consideration of my son's/daughter's opportunity to participate in interscholastic activities, I hereby consent to emergency medical 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 any liability of School District No. 49, any of its agents or employees, arising out of such medical treatment.

DATE: _____ **PARENT OR GUARDIAN SIGNATURE** _____

DATE: _____ **STUDENT SIGNATURE** _____

Your signature indicates you have read the District 49 Athletic Handbook and understand the policies. This document can be found at http://www.d49.org/publications/athletic_handbooks/HS_Athletic_Handbook.pdf

=====

OFFICE USE ONLY

Fees: _____ Date Paid: _____ check #: _____ Cash: _____ Received by: _____
Schedule _____ Transcript _____ Semesters _____ Out of district _____ Home-school _____
Physical Date: _____