

**DOUGLAS COUNTY SCHOOL DISTRICT RE-1**

ATHLETIC REGISTRATION/EMERGENCY INFORMATION CARD

School Name: **2011-12**

**Castle View High School**

**\$150.00 ATHLETIC FEE DUE AT REGISTRATION**

- CLEARED** FOR PRACTICE
- CLEARED** FOR SCRIMMAGE OR COMPETITION
- NOT CLEARED** FOR SCRIMMAGE OR COMPETITION
- PHYSICAL EXPIRATION DATE:**    /    /

<b>SPORT</b>	Fall: _____
	Winter: _____
	Spring: _____
	Paid: _____

**CHECKS TO CVHS**

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PARENT/GUARDIAN'S NAMES: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 FATHER'S PHONE DURING DAY: \_\_\_\_\_ MOTHER'S PHONE DURING DAY: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HOSPITAL (Please indicate): \_\_\_\_\_ PHONE: \_\_\_\_\_  
 FAMILY DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ MEDICATIONS: \_\_\_\_\_  
 Medical conditions, including head injuries in last 5 years: \_\_\_\_\_

SCHOOL(S) ATTENDED LAST 12 MONTHS: \_\_\_\_\_

YEAR YOU ENTERED 9TH GRADE? \_\_\_\_\_ MONTH/YEAR YOU ENTERED HS? \_\_\_\_\_

HAVE YOU PREVIOUSLY ATTENDED THIS SCHOOL . . . WITHDRAWN AND LATER RETURNED?     No  Yes

I hereby give my consent to release pictures, name or other information pertaining to my student/athlete to use on a district website.

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

\_\_\_\_\_  
Signed (Parent or Guardian)

\_\_\_\_\_  
Date





Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Year in School: 9<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ 11<sup>th</sup> \_\_\_ 12<sup>th</sup> \_\_\_ Sport (s): \_\_\_\_\_

Allergies: (include medication, food, latex or other allergies):
▪ \_\_\_\_\_ ▪ \_\_\_\_\_ ▪ \_\_\_\_\_

Medications (List ALL you are currently taking, including birth control pills):
▪ \_\_\_\_\_ ▪ \_\_\_\_\_ ▪ \_\_\_\_\_

- Date of last Tetanus shot: \_\_\_\_\_
List any body piercing you have other than on your ears: \_\_\_\_\_
List any surgeries you have had and the approximate date(s): \_\_\_\_\_

\*\*Please answer the following questions carefully and as accurately as possible. If you answer yes to any question, please provide the date of occurrence and the care that was received\*\*

Concussion History: It is extremely important that this be honest and accurate.

How many and when? \_\_\_\_\_

Did you lose consciousness? Yes \_\_\_ No \_\_\_ Did you require care by a doctor? Yes \_\_\_ No \_\_\_

Have you ever been told by a doctor that you could not participate in a practice or game following a concussion? Yes \_\_\_ No \_\_\_

Have you ever been advised by a doctor to wear protective head gear during sports? \_\_\_\_\_

Do you wear any type of protective head gear during sports? \_\_\_\_\_

Table with 2 columns: Question, YES, NO. Rows include: Have you ever been dizzy during or after exercise?, Have you ever had chest pain during or after exercise?, Do you tire more quickly than your friends during exercise?, Has anyone in your family died of heart problems before 50?, Do you have any skin problems (itching, rashes, acne)?, Have you ever had heat or muscle cramps?, Have you ever had a stinger, burner or pinched nerve?, Have you ever been dizzy or passed out in the heat?, Do you have any special equipment (braces, mouth or eye guards)?

Please answer the following:

Have you ever had an injury or a fracture to any of the following:

Table with 3 columns: Injury Type, YES, NO, When/Treatment. Rows 1-10: 1. Head/neck, 2. Spine, 3. Shoulder(s), 4. Elbow, 5. Wrist, 6. Hand, 7. Hip, 8. Knee, 9. Ankle, 10. Foot

**Have you ever had any of the following:**

	<b>YES</b>	<b>NO</b>	
1. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
▪ If yes, are you insulin dependent:	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
2. Bladder or kidney infections	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
3. Mono	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
4. Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____ Type _____
5. Irritable bowel, colitis, or Crohn disease	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
6. Collapsed lung	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
7. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
▪ If yes, do you use an inhaler/nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	(circle)
8. Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
9. Trouble Breathing or Coughing during exercise	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
10. Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
11. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
12. Racing or skipped heart beats	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
13. Ear infections	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
14. Eye infections	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
15. Glasses/contacts	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
▪ If yes to contacts, Do you wear hard or soft lenses?	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
			<b>Hard    Soft    (circle)</b>
16. Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
17. Thyroid or adrenal disorder	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
18. Blood or clotting disorder	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
19. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
20. Seizure or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
21. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
22. Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
23. Migraines	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____

**Females Only:**

Date of first menstrual period: \_\_\_\_\_

Do you ever miss your periods: \_\_\_\_\_

Please print your name: \_\_\_\_\_

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

DOUGLAS COUNTY SCHOOL DISTRICT RE-1 **2011-2012**  
**INTERSCHOLASTIC PARTICIPANT FORM**

2011-12

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_  
PARENT/GUARDIAN'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
FATHER'S DAYTIME PHONE: \_\_\_\_\_ MOTHER'S DAYTIME PHONE: \_\_\_\_\_  
*IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:*  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PARENT'S PREFERRED HOSPITAL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAMILY DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_  
INSURANCE CARRIER: \_\_\_\_\_ POLICY: \_\_\_\_\_

**PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION**

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in school baseball, basketball, cheerleading, cross country football, golf, gymnastics, lacrosse, pom squad, soccer, softball, swimming, tennis, track and field, wrestling, volleyball,  
*(Please cross out any sport in which the student should not participate).*

Student's Birthday: \_\_\_\_\_

Date of physical: \_\_\_\_\_  
(Valid for 365 days unless rescinded)

Signed: \_\_\_\_\_  
Physician (Must be signed by MD, DO, NP, PAC or DC)

**PLEASE PRINT**

PHYSICIAN'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

Registration Fee

The Board of Education has set the registration fee for HIGH SCHOOL athletics at \$150.00 per sport per athlete. The fee for SEVENTH & EIGHTH grade athletics will be \$70.00 per sport, with the exception of 8th Grade Football, which will have a fee of \$100.00 per athlete.

Condition for Fee Refund

1. Refunds will be made to athletes who are cut by their coach.
2. If an athlete moves from the school's attendance area or from the District, the fee will be refunded on a prorated basis.
3. Athletes who quit the sport, become academically ineligible or are suspended from participation for disciplinary reasons are not eligible for a refund.

General

The interscholastic programs within the Douglas County School District Re.1 are offered to supplement the goals and objectives of public high school education.

In order to make contribution to the function and purpose of the total educational process, interscholastic activities must have as primary objectives the teaching of wholesome attitudes and disciplines. The programs must teach an appreciation for physical fitness, personal health, loyalty, personal sacrifice, dedication and teamwork.

In order to realize the potential of interscholastic programs, there are physical and mental disciplines which must be practiced.

Academics

Eligibility for competition in interscholastic activities is determined in accordance with the rules and regulations of the Colorado High School Activities Association, The Continental League and the Douglas County School District Re. 1.

X \_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**High-School Athletics and Activities Training Rules & Expectations**

As a representative of DCSD’s activity and athletic programs, I understand and accept that:

- It is my privilege and honor to wear my school colors
- I am a leader in and out of uniform
- My actions are a reflection of myself, my family, my school, and community
- I’m accountable for my performance in the classroom and my conduct in the community.

In exchange for the opportunity to participate in DCSD interscholastic activities or athletics (abbreviated here as “Activities”), and in accordance with Policy JJI, I agree to the following:

**Scope of Rules**

From the day a student first participates in a DCSD high-school Activity until that student graduates from high school, these rules remain in effect, throughout the school year, during summer, fall, winter and spring breaks, including weekends, vacations, and holidays, and regardless if the student is on or off DCSD property.

The consequences outlined here are in addition to, not instead of, those the student may receive under the DCSD’s Code of Conduct, the Colorado High School Activities Association By-laws, coaches’ team rules, or other sources. They represent minimum sanctions; the Principal or designee may increase or modify these consequences in particular cases or in general as he or she deems appropriate.

Although some prohibited behaviors listed below refer to DCSD’s Code of Conduct, because these training rules are in effect at times and in places when the Code of Conduct may not be, and because students who participate in Activities are held to higher behavioral expectations than other students, the Principal or designee may determine that a student’s conduct constitutes grounds for imposing an Activity penalty under these rules even when that conduct does not result in suspension or expulsion under the Code of Conduct.

**Prohibited Behaviors**

- Violating DCSD’s policies regarding drugs & alcohol (JICH) and tobacco use (JICG)
- Violating DCSD’s weapons policy (JICl)
- Violating DCSD’s gang-related behaviors and dress policy (JICF)
- Violating any criminal law
- Continued willful disobedience or open and persistent defiance of proper authority
- Willful destruction or defacing of school property
- Behavior detrimental to the student’s, other students’, or school personnel’s welfare, health, or safety
- Any other conduct that would constitute grounds for suspension under DCSD policy JKD/JKE.

**Consequences**

The following minimum consequences will result whenever the Principal or designee concludes that a student has engaged in any of the prohibited behaviors listed above.

- First offense: For Activities with 11 or fewer regular-season contests, the student will be suspended for the next contest; for those with more than 11 regular-season contests, the student will be suspended for the next 2 contests. These suspensions will be imposed whether or not the next contest or contests are regular-season contests or are special events, tournaments, or qualifiers.
- Second offense: The student will be suspended from all Activities throughout DCSD for 1 full year from the date of the infraction.
  - If, however, a student initiates contact with school authorities to voluntarily report his or her involvement in conduct prohibited by these rules, then the student will be eligible for the following lesser second offense penalty: The student will be suspended from the remainder of the season of the Activity he or she was participating in at the time of the conduct and, upon proof that the student has successfully completed an intervention class chosen by the school athletic director, the student will only be suspended from the first 50% of the regularly scheduled contests of the next Activity that the student participates in for an entire season.
- Third offense: The student will be suspended from all Activities throughout DCSD for 1 full year from the date of the infraction, except that if a second offense suspension is still in effect, then the date of the third offense suspension will not begin on the date of the infraction, but rather will begin on the day after the second offense suspension ends.

**Tobacco Consequence Only:**

First offense: The student receives a warning and must attend site based tobacco education or community service.

Second offense: For Activities with 11 or fewer regular-season contests, the student will be suspended for the next contest; for those with more than 11 regular-season contests, the student will be suspended for the next 2 contests. These suspensions will be imposed whether or not the next contest or contests are regular-season contests or are special events, tournaments, or qualifiers.

Third offense: The student will be suspended from all Activities throughout DCSD for 1 full year from the date of the infraction, except that if a second offense suspension is still in effect, then the date of the third offense suspension will not begin on the date of the infraction, but rather will begin on the day after the second offense suspension ends.

Nothing in these rules prohibits the Principal, designee, or individual coaches from establishing and enforcing additional rules applicable to Activities, such as lesser or different penalties for failing to exercise good sportsmanship at practices or competitions or for failing to demonstrate good citizenship at school or school-sponsored events.

*I have read and agree to follow these rules:*

_____	_____	_____
Student’s Name (print)	Signature	Date
_____	_____	_____
Parent or Guardian’s Name (print)	Signature	Date

**STUDENT AND PARENT OR GUARDIAN ADVISEMENT AND PERMIT**

Colorado High School Activities Association Rules and Regulations state that no pupil shall participate in interscholastic activities until he/she is on file with the appropriate office: (a) a statement signed by his or her parent or legal guardian that he/she has the consent to participate and (b) a statement from a practicing physician certifying that the pupil is physically fit to participate in high school interscholastic activities.

**Concussion Evaluation Information**

If your child is involved in a contact sport\*, he/she may be administered a computerized neurocognitive assessment called ImPACT, to determine how he/she performs in a healthy state. In case of a head injury, DCSD personnel will use this same assessment to assist in determining an athlete's ability to return to play. ImPACT is only one part of a comprehensive process to help your student recover after suffering a head injury. Information may be shared with relevant professionals to support the injured athlete. The Certified Athletic Trainer, School Psychologist and the School Nurse Consultant work together to follow the student to recovery.

\*The sports that are considered contact sports include but are not limited to football, basketball, baseball, wrestling, cheerleading, lacrosse, soccer and softball.

**Medical Clearance and/or Release for Activity**

*Per Douglas County School District Athletic Training Handbook 4th Edition — August 2011 ...*

"A healthcare provider may release the student athlete from his/her care, but the athletic trainer, as a medical professional representing Douglas County School District, will make the final decision on return to play status.

**WARNING:** Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any 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. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. PLAYERS UNDERSTAND AND, BY THEIR PARTICIPATION, AGREE THAT THEY MUST AND WILL OBEY ALL SAFETY AND TRAINING RULES, FOLLOW DIRECTIVES OF THE COACHES, PROMPTLY REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR OWN EQUIPMENT DAILY. By signing this Permission Form parents and student acknowledge that they have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

We understand that coaches, athletic trainers and team physician may use their own judgment in securing medical aid and ambulance service in cause of an emergency or in mild injuries where parents cannot be reached. Also the team physician, trainer and/or coach may apply first aid treatment until the family physician can be contacted.

I have read the foregoing, acknowledge the "WARNING" above, accept the risks described and agree to abide by the principles and regulations contained therein.

X \_\_\_\_\_  
Signature of Student Date

I/We have read the foregoing, acknowledge the "WARNING" above, accept the risks described and hereby give consent for the above named student to participate in interscholastic athletics within the Douglas County School District Re. 1 in the following Colorado High School Activities Association approved sports except those crossed out: Baseball, basketball, cross country, football, golf, gymnastics, soccer, swimming, tennis, track and field, volleyball and wrestling. Consent includes spirit teams, managing and training unless crossed out.

X \_\_\_\_\_  
Signature of Parent or Guardian Date

**INTERSCHOLASTIC ACTIVITIES INSURANCE WAIVER**

I fully understand the Douglas County School District Re. 1 does not provide accident, health or life insurance coverage for the above named student while he/she is participation in the activities associated with interscholastic sports. I/We further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

X \_\_\_\_\_  
Signature of Parent or Guardian Date



**Douglas County**  
School District

*Learn today. Lead tomorrow.*

## **SPORTING BEHAVIOR 2011-12**

During the 2006-2007 school year, a student group made up of members from the Douglas County Student Advisory Group and student representatives of athletic programs at the seven high schools, met to discuss and work on sporting behavior with the schools in Douglas County. After discussion and feedback, two documents were developed. It is the hope of these students that their peers, as well as their supporters, work to understand and implement their ideals.

### **Our Pledge for Sporting Behavior\***

I, \_\_\_\_\_, understand the responsibilities and privileges of representing my school in competitive activities and, therefore, will maintain the high standards of sporting behavior.

I pledge to uphold the integrity of my team, my school and my community by:

- taking responsibility for all of my actions;
- demonstrating respect for everyone;
- being a positive role model;
- accepting the outcome of the event with dignity and class.

\_\_\_\_\_ (Student Signature)

\*Developed and written by students representing all high schools in the Douglas County School District.

Transportation Awareness  
Consent and Release

STUDENT NAME \_\_\_\_\_  
(Please Print) \_\_\_\_\_ Grade \_\_\_\_\_

The Douglas County School District (the "District") 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. When District transportation is not available, it is the student's parent's/guardian's responsibility to provide or arrange for their student's transportation to and from the event.

When District transportation is not available and other alternative forms of transportation are utilized, the District cannot and does not assume any responsibility for the safety, training of drivers, condition of vehicles, adequacy for the use or purpose intended or any other matters related to any non-District transportation.

Therefore, we, the undersigned parent/guardian and student, hereby acknowledge, agree and understand that the District does not insure, endorse, approve or sponsor any form of non-District transportation, whether by parents, students or otherwise, to and from District off-campus activities or events. We further acknowledge it is our responsibility to provide or arrange for our/my child's transportation to District events when District transportation is not available. As such we consent to our child's use of alternative means of transportation, including private vehicles driven by parents, and, if applicable, consent to our child's use of a vehicle to transport himself/herself to off-campus events. We hereby waive, release, discharge and agree to hold harmless and indemnify the District, its agents, employees, insurers and Board of Education, from any claim, cause of action, damage, injury, or demand of any nature, including bodily injury, property damage or death, arising from or sustained during or as a result of my/our child's utilization of or participation in any non-District transportation, whether furnished by us, our student, parent or otherwise.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Tennis-Cross Country-Gymnastics-Swim/Dive-Golf Teams  
Site Management and Consent

The Douglas County School District (the "District") provides District transportation for students to and from a great many activities, events, matches and games. The nature of these sports, needing off-campus practice and meet sites, limits the district's capacity to bus on every occasion. In such instances, whether for practices or scheduled meets, it is the responsibility of the parent/guardian of the student to arrange the student's transportation to and from the event. The school district will not assume responsibility for the supervision, safety or adequacy of non-school district furnished transportation.

Be further advised that the school district personnel may not supervise certain golf practices, matches and tennis practices. Participation in the practices or matches rest with the student and their parent/guardian. The school district will not assume responsibility for the student's conduct or safety in connection with these practices and/or matches.

As a student participant in the Douglas County Schools golf, cross country, gymnastics, swim/dive, and/or tennis programs, I recognize the dangers associated with the issues described and I agree to assume the risk involved while participating.

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

As the parent/guardian of the above-named student, I recognize the dangers associated with the issues described and consent to the participation of the above-named student.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_