



# PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date \_\_\_\_\_ Exp. Date (good for 365 days) \_\_\_\_\_

### PARENT OR GUARDIAN PERMIT

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 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 ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.**

By signing this Permission Form, 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.** By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for \_\_\_\_\_ to compete in athletics for \_\_\_\_\_ High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the *Competitor's Brochure*.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to the General Eligibility Guidelines as outlined in the *Competitor's Brochure*.

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

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

**NOTE:** It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

**NOTE:** The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

### SAMPLE WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

Instruction: Sign both copies, retain one for your records, and return the other to your school.

Student's Name \_\_\_\_\_ Sport(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This will acknowledge that we have read and understand the material contained in the NOTICE TO ATHLETES AND PARENTS OR GUARDIANS.



Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Parent or Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Student



**PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)**  
*This medical history form should be retained by the healthcare provider and/or parent.  
 This form is valid for 365 calendar days from the date signed below.*

**1**  
 Revised 4/24

**MEDICAL HISTORY FORM**

**Student Information** (to be completed by student and parent) *print legibly*

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Emergency Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  
 Family Healthcare Provider: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

**Patient Health Questionnaire version 4 (PHQ-4)**

*Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)*

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

<b>GENERAL QUESTIONS</b>		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.			
1	Do you have any concerns that you would like to discuss with your provider?		
2	Has a provider ever denied or restricted your participation in sports for any reason?		
3	Do you have any ongoing medical issues or recent illnesses?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7	Has a doctor ever told you that you have any heart problems?		

<b>HEART HEALTH QUESTIONS ABOUT YOU</b>		Yes	No
<i>(continued)</i>			
8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10	Have you ever had a seizure?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>		Yes	No
11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		



# PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent.  
This form is valid for 365 calendar days from the date signed below.

Revised 4/24

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever <b>injure</b> a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a <b>bone</b> , muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?						
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?						
25	Have you ever had or do you have any problems with your eyes or vision?						

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. CHSAA bylaw 1780.1 states, "No pupil shall participate in formal practice or represent his/her/their school in interscholastic athletics until there is a statement on file with the principal or athletic director signed by his/her/their parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) he/she/they has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, he/she/they is physically fit to participate in high school athletics; and (c) that he/she/they has the consent of his/her/their parents or legal guardian to participate. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. No pupil shall participate in formal practice or represent his/her/their school in interscholastic athletics until this form is completed in its entirety and page 4 is on file with the principal or athletic director signed by his/her/their parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) he/she/they has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, he/she/they is physically fit to participate in high school athletics. The CHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: \_\_\_\_\_ (printed) Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ (printed) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ (printed) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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# PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent.  
This form is valid for 365 calendar days from the date signed below.

## PHYSICAL EXAMINATION FORM

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

### PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	
• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?	

Verify completion of Medical History (pages 1 and 2), review these medical history responses as part of your assessment.  
Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)

### EXAMINATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
BP: \_\_\_/\_\_\_ ( \_\_\_/\_\_\_ ) Pulse: \_\_\_\_\_ Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Yes No

MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

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**PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)**  
 SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL  
 This form is valid for 365 calendar days from the date signed below.

**MEDICAL ELIGIBILITY FORM**

**Student Information** (to be completed by student and parent) *print legibly*

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Emergency Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  
 Family Healthcare Provider: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*
- \_\_\_\_\_
- Medically eligible for only certain sports as listed below:
- \_\_\_\_\_
- Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

\_\_\_\_\_

I hereby certify that I have examined the above-named student-athlete using the CHSAA Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

**SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent**

- Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: \_\_\_\_\_

\_\_\_\_\_

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

- Allergies  Asthma  Cardiac/Heart  Concussion  Diabetes  Heat Illness  Orthopedic  Surgical History  Sickle Cell Trait  Mental Health

Explain: \_\_\_\_\_

\_\_\_\_\_

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

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct

**This form is not considered valid unless all sections are complete.**

MONTROSE SCHOOL DISTRICT RE-1J  
**ATHLETIC / ACTIVITIES TRAINING CODE**

Student Name:	
Student Grade:	
Sport/Sports:	
Parent/Guardian Name:	
Parent/Guardian Phone:	
Parent/Guardian Email:	

**Message from the Board of Education**

The Board of Education of Montrose County School District RE 1J recognizes the great benefit to the District and its students as well as to the community of a comprehensive and vigorous athletic/activities program firmly focused upon the welfare of its participants. The short term and long term health and life experience advantages to athletic participants are well known

To that end the Board wishes to make it clearly and widely known that full compliance with the adopted Athletic/Activities Training Code and Procedures Handbook is expected of all participants their parents and guardians, and their coaches/sponsors. These rules and procedures have been established to ensure that interscholastic participants in the Montrose County School District RE 1J will be conducted primarily for the benefit of the students, that participation will be a worthwhile and healthy learning experience, and that individuals and teams will be well and fairly coached/sponsored. The Board considers the importance of individual and team win- loss records to be secondary to these objectives.

Furthermore the Board takes very seriously its responsibility to the District's students and coaches/sponsors to ensure that all policies procedures and rules will be enforced fairly and uniformly To that end it holds the school district and building administrators, the coaches/sponsors, the students and the student's parents and guardians individually and collectively accountable for observing and enforcing those policies, procedures and rules. In return, it pledges, without reservation, to firmly support any and all reasonable efforts by school district personnel, students and parents and guardians to enforce those policies procedures and rules

## Montrose School District RE IJ Athletic/Activities Training Code

### Philosophy

The athletic/activities code is built and can work only within each individual participant's sense of integrity and honesty, the unwavering support of parents in helping the participant to hold firmly to the code, and the consistency of coaches/sponsors and administrators in dealing with violations

This code should be viewed, first and foremost, as a promise to oneself. Further, it is a promise to one's teammates, parents and coaches/sponsors to abstain from all illegal activities and to maintain a standard of excellence in academics and citizenship.

Students who choose to participate in athletics/activities also assume the responsibility of representing our schools and keeping their commitment to follow the athletic/activity code.

- Students, in order to participate to the best of their ability, must be physically fit.
- Students must maintain academic standards to establish their privilege to participate.
- Students in extracurricular activities are "looked up to" and receive public recognition. They have the responsibility of maintaining acceptable behavior standards in school and in the community.

Coaches/Sponsors will follow the athletic/activities policy handbook as established by the District. Violations of these policies will not be taken on hearsay or rumor; however, an investigation will be initiated by the head coach and/or athletic director when reliable information comes to their attention. A valid case for action would include eye witness testimony, law enforcement records or an admission of guilt.

The Athletic/Activities Training Code shall be in force from the beginning of the participant's first sport season through the last official day of the participant's academic career. (7-8, 9-12) Violations shall be cumulative during that period. A Montrose County School District RE-IJ Athletic/Activities Training Code Contract must be signed by the student and his/her parent or guardian before the student will be considered a member of a team unless otherwise stipulated, into the athlete's next sport season if the suspension has not been completed. (The next sport season being the next sport the athlete participates in and is a bona fide team member as determined by the building administrator.)

**BONA FIDE** - School administrators will determine if a student/athlete qualifies as a bona fide team member, i.e., incurring training code violations and going out for a sport one would not normally participate in order to serve suspension time. Incidents that warrant education on anger management, drug, alcohol, and/or tobacco use must be completed before returning from the first, second and third offenses and must be approved by a school administrator.

**Due Process** - A thorough investigation of a suspected violation will be conducted before action is taken. The school building administrator will arrange for a conference with the head coach/sponsor and the student and will



notify the student's parents or guardian of that conference. (NOTE: If the conference with the student is to be one involving questioning of the student, the student has the right to have an adult present.) The administrator will determine if a violation has occurred, and if so, will take the indicated disciplinary action. After a decision has been reached, the parents or guardian, the student, the coach/sponsor and the central office will be informed of the decision, in writing. The parent or guardian, or the student may appeal the school level decision to the principal, if the principal has not been involved in the original action. An appeal may be made to the school board.

#### **Citizenship Violations:**

Any flagrant disregard of appropriate behavior that is counter to established school policies and/or governmental law will be considered a citizenship violation and will be dealt with accordingly. The appropriate school administrator of the student violator's school will take appropriate disciplinary action, ranging from school sanctions to temporary or permanent suspension from participation.

#### **Violations: Substance Abuse.**

- The use or possession of tobacco in any form
- The use or possession of alcohol
- The use or possession of illegal drugs or misuse of any form of legal drug or medication

#### **Penalties:**

The above behaviors or activities will be considered a violation of the Athletic/Activities Training Code and will result in disciplinary action as follows:

**First Offense:** The participant will be suspended immediately from the current sport season for a minimum of twenty percent (20%) of the allowable contests as established by the Colorado High School Activities Association (including playoffs) or according to the carry over rule. If the participant is not currently involved in an activity; he/she will be suspended for twenty percent (20%) of the next season in which he/she is a bona fide team member

**Second Offense:** The participant will be suspended immediately from the current sport season for a minimum of thirty percent (30%) of the allowable contests as established by the Colorado High School Activities Association (including playoffs) or according to the carry-over rule. If the participant is not currently involved in an activity, he/she will be suspended for thirty percent (30%) of the next season in which he/she is a bona fide team member. If the participant has not served any of the first violation suspension, then the participant will be suspended for fifty percent (50%) of the allowable contests of the next season in which he/she is a bona fide team member

**Third Offense:** The participant will be suspended immediately from the current sport season for the remainder of that season and from fifty percent (50%) of the allowable contests from the next sports season in which he/she is a bona fide team member. If a participant has not served any of the first violation suspension or the second violation suspension, then the participant will be suspended from the entire next season in which he/she is a bona fide team member and for fifty percent (50%) of the allowable contests for the next season in which he/she is a bona fide team member.

**Fourth Offense:** The participant will be suspended for one calendar year from participation in all athletic activities. Upon completion of the calendar year, a student/athlete may file for reinstatement of his/her eligibility with the building administrative team. The building administrative team retains the right to deny this request for reinstatement, to approve the reinstatement with stipulations, or to approve reinstatement without stipulations.

\*Stipulations must be agreed upon prior to reinstatement.

\*Stipulations must be adhered to by the athlete or eligibility will be revoked immediately.

**CARRY OVER RULE: A suspension will be carried over and enforced, on a percentage basis unless the superintendent of schools and if the disagreement is not resolved by the superintendent, an appeal can be directed to the School Board in executive session.**

At the beginning of each athletic/activities session, schools are required to provide information to students about the Training Code, and each participant and his/her parent/guardian must have signed the code. Coaches/Sponsors must conduct the meetings with participants so that all will understand the Training Code.

## **WARNING**

By their very nature, competitive athletic/activities can put students in situations where **SERIOUS CATASTROPHIC** and perhaps **FATAL ACCIDENTS** may occur.

## COLUMBINE MIDDLE SCHOOL

### Athletic Philosophy

#### Philosophy

We believe that Middle School Sports provide the opportunity for athletes to develop sportsmanship along with strong fundamental skills while increasing their knowledge about the sport. Participation and sportsmanship is one of our main areas of focus here at Columbine. All athletes will be expected to respect and encourage teammates not only during athletic activities but at school as well. Athletes will also show respect and cooperation to all coaches, teachers, and administrators as well as represent Columbine Middle School with the highest integrity.

#### Athletic Packets

- Athletic packets may be picked up at the main office or downloaded from our school website. They include (Physical Form, Proof of Insurance, and Training Code).
- All athletic packets must be filled out and fees paid before a player is allowed to participate in practices.
- Athletic packets and fees may be turned into the front office or to coaches.

#### Academic Requirements & Procedures

- **Eligibility** – Teachers will post grades by noon each Monday. Coaches will receive an eligibility list every Monday before practice time. Students receiving two or more “F’s” in any class will be ineligible to participate in games that week Monday through Saturday. Citizenship will also be considered when determining eligibility. Players who are listed on the ineligible list for a total of three weeks will not be allowed to play or practice for the remainder of the season.

#### Concussion Test

- Every athlete will be given a computer based impact test within the first two weeks of the season. Tests are good for a period of two years.
- It is the policy of Columbine Middle School that any athlete who suffers a head injury or concussion, may not participate in practice or games until there is a written release from a physician.

#### Attendance

- Players will be required to attend and participate in all practices and study halls.
- Players will be given a warning for their 1<sup>st</sup> unexcused absence.
- A player receiving a 2<sup>nd</sup> unexcused absence will be required to set up a meeting with their parents and coaches. This meeting will be used to discuss a plan to improve attendance and possible consequences. **A player will not play until coaches meet with parents.**
- Players must have written parent permission or a written doctor’s note to be excused from practice.

## ATHLETIC/ ACTIVITY TRAINING CODE CONTRACT

I have read the Montrose County School District RE-IJ Training Code and the Montrose School District Athletic/Activities Procedures Handbook. I understand that I will be governed by these training rules as a participant in all District Athletic/Activities. I Have reviewed the training rules and my signature acknowledges an understanding of the rules and the consequences of a violation.

Student Signature: \_\_\_\_\_

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

I have read the Montrose County School District RE-J Training Code and the Montrose School District Athletic/Activities Procedures Handbook. I understand that my son/daughter will be governed by these training rules and my signature acknowledges an understanding of the rules and the consequences of a violation.

Parent's/Guardian's Signature: \_\_\_\_\_

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

COLUMBINE MIDDLE SCHOOL  
610 York Street  
Phone Number 249-2581

Eric Sanchez  
Principal

James Burwell  
Assistant Principal

COLUMBINE MEDICAL CONSENT FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permission is hereby granted to the attending physicians and hospital to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above named student. In the event of a serious illness, the need of major surgery or significant accidental injury, I understand that an attempt will be made by that attending physician or hospital to communicate with me. In the event they are not able to reach me, the treatment necessary for the best interest of the above named student may be given. Ambulance personnel are requested to transport the above named student to an appropriate hospital or emergency care facility if such action is deemed necessary by the school official.

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

Emergency Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list any chronic illness and/or any routine medications for this student:

Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

