

# OMS

## Sports Packet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Sport: \_\_\_\_\_

Montrose County School District RE-1J

930 Colorado Avenue

PO Box 10,000

Montrose, CO 81402-9701

(970) 249-7726 – phone

(970) 240-7173 – fax

www.mcsd.org



**MONTROSE COUNTY SCHOOL DISTRICT RE-1J  
INSURANCE FORM**

CHSAA and Montrose County School District RE-1J suggest any student who participates in activities/athletics in the State of Colorado to be covered by insurance.

The undersigned student and parent(s)/guardians(s) understand that the District does not purchase or have any medical, dental, or hospitalization insurance to cover injuries to or loss of life of students or to indemnify parents or guardians for expenses in connection therewith, and that such insurance, must be purchased by the student or parents/guardians.

If the undersigned student has medical, dental, and/or hospitalization insurance, please provide the following information:

PROVIDER \_\_\_\_\_

POLICY/GROUP NO. \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

I, the undersigned parent/guardian hereby exempt and release the School District, its employees, and authorized volunteers from all claims arising from the student's participation in athletics/activities unless caused by actions for which the School District would otherwise be liable under Colorado law.

DATE \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_



Student: \_\_\_\_\_ 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 for 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 my child to an appropriate hospital or emergency care facility if such action is deemed necessary by his or her school official.

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

\_\_\_\_\_  
Date

Phone numbers where parents can be reached:

Home: \_\_\_\_\_ Office: \_\_\_\_\_ Other: \_\_\_\_\_

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

## 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.

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

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

Name: \_\_\_\_\_  
Sport: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Parents' Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Message from the Board of Education**

The Board of Education of Montrose County School District RE-IJ 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 insure that interscholastic participants in the Montrose County School District RE-IJ 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 insure 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 extra-curricular 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.**

**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
- The use or possession of e-cigarettes and /or vapor pen products

**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.

Participants that successfully complete drug and/or alcohol counseling or education may have first offense penalties waved or reduced.

**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

**SELF-REPORTING OF A TRAINING CODE VIOLATION:** If a student self reports a violation of the training code to a coach or school official in a timely manner, (to be determined by school administration) the student may elect to meet with an infraction committee (comprised of school administration and available coaching staff) in lieu of an automatic 20% suspension of activities. The committee may determine that the suspension of activities is not warranted for the infraction and may assign consequences that are more restorative in nature or may reduce the suspension to no less than 10% of total games played in that season, to include playoffs if the number of games has not been satisfied in the regular season."

**THE SELF-REPORTING OPTION ONLY APPLIES TO 1ST OFFENCES; ALL OTHER INFRACTIONS WILL FOLLOW THE ESTABLISHED PROTOCOL.**

**CARRY OVER RULE:** A suspension will be carried over and enforced, on a percentage basis 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 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.

## 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.

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Student Signature

Date

I have read the Montrose County School District RE-IJ 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.

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**Parent's/Guardian's Signature**



# PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## 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?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>		
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>		
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>		
Lungs		
Abdomen		
Genitourinary (males only)*		
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>		
Neurologic*		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
 \*Consider GU exam if in private setting. Having third party present is recommended.  
 \*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete had been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_