**THOMPSON SCHOOL DISTRICT CHECKLIST FOR ATHLETIC PARTICIPATION**

<table>
<thead>
<tr>
<th>Check as completed</th>
<th>RETURN COMPLETED ATHLETIC PACKET TO ATHLETIC OFFICE</th>
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<tbody>
<tr>
<td></td>
<td><strong>PART A - PARENT PERMIT FOR ATHLETIC PARTICIPATION</strong></td>
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<tr>
<td></td>
<td>- Parent Permit for Athletic Participation</td>
</tr>
<tr>
<td></td>
<td><em>Read and complete with parent/guardian. Release must be signed by parent/guardian.</em></td>
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<td></td>
<td><strong>PART B – SIGNATURE PAGE</strong></td>
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<tr>
<td></td>
<td>- Acknowledgement for Code of Conduct, Training Rules and Standards for Communication</td>
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<tr>
<td></td>
<td>- Student Eligibility Information CHSAA</td>
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<td></td>
<td>- Anti-Hazing Policy CHSAA</td>
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<td></td>
<td><em>Read and complete with parent/guardian. Must be initialed and signed by parent/guardian and student athlete.</em></td>
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<td><strong>PART C - MEDICAL</strong></td>
</tr>
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<td></td>
<td>- Physician Clearance</td>
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<td></td>
<td>- Must be completed by a M.D., D.O., D.C., Spc. or nurse practitioner.</td>
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<td>- Schedule your appointment well in advance – at least two months of your sports season.</td>
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<td>- To be valid, a physical must have been given within the last 365 calendar days.</td>
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<td></td>
<td><strong>PART D - ATHLETIC INJURY/EMERGENCY INFORMATION</strong></td>
</tr>
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<td></td>
<td>- Athletic Injury Emergency Information</td>
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<td></td>
<td>- Orthopaedic &amp; Spine Center of the Rockies - OCR form</td>
</tr>
<tr>
<td></td>
<td><em>Must be signed and completed at the beginning of each season of participation.</em></td>
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<tr>
<td></td>
<td><strong>ATHLETIC FEE – PAYMENT TYPES ACCEPTED ARE CASH, CHECK OR REVTRAK (online payment)</strong></td>
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<td></td>
<td><strong>HIGH SCHOOL</strong></td>
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<tr>
<td></td>
<td>A $125 high school enrolled /$175 high school non-enrolled. A $150 football equipment fee for all first time participants. The football equipment fee does NOT count towards the family maximum. High school family maximum of $325.00 per family per school year for enrolled students; family maximum for non-enrolled students is $460.00.</td>
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<td></td>
<td><strong>MIDDLE SCHOOL</strong></td>
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<tr>
<td></td>
<td>$50 middle school enrolled/$70 middle school non-enrolled or $20 intramural enrolled/$30 intramural non-enrolled. Middle school family maximum of $125.00 per family per school year for enrolled students; family maximum for non-enrolled students is $175.00.</td>
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<td><strong>HIGH SCHOOL &amp; MIDDLE SCHOOL</strong></td>
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<td><strong>Athletic fee must be paid before the issuance of clearance to participate.</strong> Those students on the free/reduced lunch program may request a waiver from this fee. Any other students having a financial hardship may see the athletic director to discuss a waiver of the fee. Payment types accepted are cash, check or RevTrak (online payments).</td>
</tr>
</tbody>
</table>

1. Bring completed packet and payment (or make your payment online and bring your receipt) to Athletic office.  
2. Clearance will be issued after ALL items listed and your FEE or WAIVER has been submitted.  
3. Report to the coach with the clearance. No participation will be allowed until clearance has been given to the coach.  
4. Clearance must be requested (and the fee paid) **at the beginning of each sport season in which the student participates.**  
   (Check with your school office for specific school variations to this procedure.)
## PART A  PARENT PERMIT FOR ATHLETIC PARTICIPATION

<table>
<thead>
<tr>
<th>Athlete</th>
<th>Grade</th>
<th>Sport</th>
</tr>
</thead>
</table>

School Attending ____________________________________________________________

Moved/Transferred in last 12 months  Yes [ ] No [ ]

Home-Schooled Yes [ ] No [ ]

Foreign Exchange Student Yes [ ] No [ ]

Parent/Guardian Email Address ________________________________________________

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**Please complete the following information if athlete is attending a school other than MVHS or is home-schooled.**

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>DOB</th>
<th>Age</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

Parent/Guardian Name ________________________________________________________

Date Enrolled at current school _____________________________________________

School Previously Attended ________________________________________________

Practice or played this year at previous school? Yes [ ] No [ ]

Previous Enrollment from (mm/dd/yy) ___________________ to (mm/dd/yy) __________

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**Warning:** Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which the 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 OR DEATH. Despite the rules and regulations geared toward safety and protecting athletes in all sports, along with the extensive amount of equipment that some athletes must wear to participate in their sport, the very nature and physicality of contact and non contact sports can easily lead to injury and neither equipment nor training will eliminate the risk of 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 to their coaches, follow a proper conditioning program, and inspect and use their own equipment daily.

The Thompson School District generally 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 or activities. When district transportation is not available, it is the student’s parent’s or guardian’s responsibility to provide or arrange for their student’s transportation to and from the event.

By signing this permit for athletic participation, 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.

I hereby give my consent for the above named student to, (1) represent his/her school in approved athletic activities except those indicated on the physician’s statement form; (2) accompany any school team of which he/she is a member on its local or out-of-town trips; (3) receive, through a medical doctor, emergency medical technician, coach or certified athletic trainer of the school’s choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel. I understand that the cost of such medical care is my responsibility. I further agree not to hold the school, or anyone acting in its behalf, responsible for any injury occurring to the student in the proper course of such athletic activities or travel.

Date ___________________  Parent/Guardian Signature ________________________

In compliance with school district policy, every student participating in an organized athletic program must be covered by appropriate medical/accident insurance and a release of liability by the parent or guardian for any injury or accident which may occur while participating in such programs. I agree to keep such insurance in force and effect; and I hereby assume full and complete financial responsibility relative to any injury or accident that occurs while participating in the athletic program, or traveling to and from such a program. **I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT HAS THE FOLLOWING INSURANCE COVERAGE:**

**Insurance** ______________________  **Policy/Group Number** ______________________

If family medical insurance is not available, the student must purchase school-time medical insurance. Information on this plan is available at the high school or District Office Insurance Department.
PART B          SIGNATURE PAGE

Parent/Guardian AND Student Athlete - Please initial next to the arrows and sign where indicated.

ACKNOWLEDGMENT FOR CODE OF CONDUCT, TRAINING RULES AND STANDARDS FOR COMMUNICATION

, The following signatures indicate that both the parent and student-athlete have read the Thompson School District Standards for Communication - Athletics and Activities Handbook and the athletic training/conduct rules located online and agree to the terms, stipulations and understand that this document is effective until the athlete’s graduation:

STUDENT ELIGIBILITY INFORMATION

I hereby give my consent for to compete in athletics for Mountain View High School in Colorado High School Activities Association approved sports, except as noted on the Physical Examination and Parent Permit Form, and I have read and understand the general guidelines for eligibility as outlined in the CHSAA Competitor’s Brochure (as found on the CHSAA site).

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

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

ANTI-HAZING POLICY

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing includes but is not limited to humiliation tactics, forced social isolation, verbal or emotional abuse, forces or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in a CHSAA sanctioned activity.

, By signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also understand that any violation of this could result in school or team consequences that could include dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.

PARENT/GUARDIAN SIGNATURE ___________________________ DATE __________

STUDENT ATHLETE SIGNATURE ___________________________ DATE __________
MEDICAL INFORMATION CARD

HIGH SCHOOL
STUDENT-ATHLETE MEDICAL INFORMATION

General Information (Please Print)
Student Name: ____________________________ Sport: ________________
Age: _______ Grade: _______ Birth Date: _________ SS# _____________
Parent/Guardian(s) Name: ______________________________________
Address: __________________________________________________________________
Phone: day: ___________ night: _______________ cell: ________________
Other authorized persons to contact in emergency:
Name: __________________________________ Phone: ______________________
Name: __________________________________ Phone: ______________________
Hospital Preference: __________________________ Insurance Co. ______________
Policy #: __________________ Group #: ______________ Phone #: __________________

Medical Information
Medical Illnesses: ______________________________________________________
Last tetanus booster shot (mo/yr): ___________ Allergies: _______________________
Medications: ____________________________________________________________
(any medications possible needed to be taken during competition require a physician’s note)
Previous head/neck or back injury:
____________________________________________________________________
Previous heat-related problems:
____________________________________________________________________
Other information necessary to inform medical staff: ______________________

Consent for Athletic Conditioning, Training and Health Care Procedures
I hereby give consent for my child to participate in the school’s athletic conditioning and training
program and to receive any necessary treatment, including first aid, diagnostic procedures and
medical treatment, that may be provided by treating physicians, nurses and other healthcare
providers including OCR Athletic Trainers and OCR physicians. OCR has my permission to release
athletic injury information about my child to the school. In the event I cannot be reached in an
emergency, I hereby give permission for my child to be transported to receive necessary
treatment. I understand that OCR does research in the prevention of the athletic injuries and use
generalized information that does not personally identify the individual student. OCR may use
this generalized information that does not identify my child in such research.

Parent or Guardian Signature __________________________ Date: ________________

This card is valid from August 1, 2017 - July 31, 2018.
Note: If any changes in the above information occur, a new card must be completed by the parent.
PHYSICIAN CLEARANCE

Name of Student Athlete __________________________

Date of Birth ______________

A. [ ] Cleared
B. [ ] Cleared after completing evaluation/rehabilitation for: ______________________
C. [ ] Not cleared for:
   [ ] collision
   [ ] contact
   [ ] non-contact  ___ strenuous  ___ moderately strenuous  ___ non strenuous

RECOMMENDATIONS:

________________________________________________________

________________________________________________________

________________________________________________________

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR:

________________________________________________________

ADDRESS _______________________________________________________

PHONE __________________

SIGNATURE OF MD/DO,PA/NA,DC-SPC#

DATE: ____________________
Part D          ATHLETIC INJURY EMERGENCY INFORMATION

Athlete ______________________________  Birthdate __________  Age ___  Grade ___  Height _____  Weight _____

School Attending ___________________________  Home-Schooled  Yes [ ]  No [ ]  Sport ______________________

Parent/Guardian _______________________________  Cell Phone __________________________

Address __________________________________________________________  Home Phone ______________________

City ____________________________  Zip ______________  Email Address ______________________________________

Other Emergency Contact ____________________________________________  Cell Phone ______________________

Physician _______________________________  Phone __________________________  Hospital Preference ______________________

Insurance Company ____________________________________________  Policy/Group # ______________________

I hereby give permission for the coach or other school official to arrange for emergency treatment for the above
named student with a physician, EMT, certified athletic trainer or hospital emergency room in the event that I cannot
be notified.  I understand that the school does not carry insurance for any loss that may be sustained due to injury as
a result of athletic participation.

_________________________________________  Date __________
Parent/Guardian

The following information may be needed to insure proper responses in certain situations.  Please
complete accurately.

1. Known allergies and medications:

   Allergy  Medications/Dosage Being Taken
   ____________________________________________  ____________________________________________
   ____________________________________________  ____________________________________________

2. Other Medications/Dosages Being Taken:

   ____________________________________________

3. Known medical conditions (circle if applicable and add others):

   [ ] Diabetes  [ ] Seizure Disorder  [ ] Asthma

   Other ____________________________________________

4. History of significant old injury (what, where, when?):

   ____________________________________________

5. Date of last tetanus inoculation:  Month _____  Year __________