

# THOMPSON SCHOOL DISTRICT CHECKLIST FOR ATHLETIC PARTICIPATION

Revised 6/5/18

## STEPS FOR GETTING A CLEARANCE CARD FOR ATHLETICS

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 including the NEW CHSAA online registration 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.)

## NEW FOR 2018 – CHSAA ONLINE REGISTRATION FOR ATHLETIC PARTICIPATION

- After July 15, 2018 ALL STUDENT ATHLETES ARE REQUIRED TO REGISTER ONLINE – *link TBA*.
- More information will be posted on the Mountain View HS website and Mountain View High School Facebook page after July 15<sup>th</sup>.

## PART A – PARENT PERMIT FOR ATHLETIC PARTICIPATION and INSURANCE

- Parent Permit for Athletic Participation
- Insurance name and Policy/Group Number

*Read and complete with parent/guardian. Release must be signed by parent/guardian.*

## PART B - SIGNATURE PAGE

- Acknowledgement for Code of Conduct, Training Rules and Standards for Communication
- Student Eligibility Information CHSAA
- Anti-Hazing Policy CHSAA

*Read and complete with parent/guardian. Must be initialed and signed by parent/guardian and student athlete.*

## PART C – ALTERNATIVE TRANSPORTATION

*Must be signed and completed at the beginning of each season of participation.*

## PART D – MEDICAL

- Orthopaedic & Spine Center of the Rockies- for OCR Athletic Trainer
- Physician Clearance
  - Must be completed by a M.D., D.O., D.C., Spc. or nurse practitioner.
  - To be valid, a physical must have been given within the last 365 calendar days.

## PART E ATHLETIC INJURY/EMERGENCY INFORMATION

- Athletic Injury Emergency Information

*Must be signed and completed at the beginning of each season of participation.*

## HIGH SCHOOL ATHLETIC FEE – PAYMENT TYPES ACCEPTED ARE CASH, CHECK OR REVTRAK (ONLINE PAYMENT)

- \$125 - TSD High School Enrolled (\$325 family maximum per family per school year)
- \$175 - Non TSD High School Enrolled (\$460 family maximum)
- \$150 football equipment fee for all first time participants. The football equipment fee does NOT count towards the family maximum.
- Students on the free/reduced lunch program may request a waiver from this fee.
- Any other students having financial hardship may see the athletic director to discuss a waiver of the fee.

## NEW for Non TSD High School Enrolled Student Athletes

Parent complete online registration application:

1. Go to TSD website: [www.thompsonschoools.org](http://www.thompsonschoools.org)
2. Click on the link "Enroll Now"
3. Click on the link "out of District Students Participating in TSD Athletics"
4. Click on the online registration application link
5. The application will open in another tab or window on your browser. Be sure your browser is set to allow pop ups.
6. Follow the prompts to complete and submit application. For the student's grade level you will select High School Athletics. This will allow you to "skip" the parts of the application that do not apply to your registration.
7. After you submit the application, you will receive a confirming email from the Centralized Registration Office.

## PART A - PARENT PERMIT FOR ATHLETIC PARTICIPATION

Athlete Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sport \_\_\_\_\_

School Attending \_\_\_\_\_ Home-Schooled Yes \_\_\_ No \_\_\_

Moved/Transferred in last 12 months Yes \_\_\_ No \_\_\_ Foreign Exchange Student Yes \_\_\_ No \_\_\_

Parent/Guardian Email Address \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

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) \_\_\_\_\_

*Please read and complete with parent/guardian.*

**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 online: <https://www.thompsonschoools.org/domain/3586>.*

## 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.

I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.

➡ \_\_\_\_\_, \_\_\_\_\_ 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** \_\_\_\_\_

**Part C ALTERNATIVE TRANSPORTATION**

**Thompson School District Acknowledgment and Consent  
For Transportation of Students to  
Athletics and Activities in Private Vehicles**

While Thompson School District normally provides transportation in district vehicles to approved athletic events, there are occasions when the parent/guardian of the student chooses to allow their student driver to provide their own transportation. When this situation occurs, the student may participate **only** if this consent form has been completed. The student driver will **only be allowed to transport themselves to and from the school and the athletic event.**

Name of Parent/Guardian \_\_\_\_\_ grants

permission and gives consent for \_\_\_\_\_  
(Name of student) (Grade)

to drive themselves to \_\_\_\_\_ in their private  
(Name of Athletic Activity)

vehicle to the following school districts' athletic competition locations:

- Platte Valley School District
- Poudre School District
- St. Vrain Valley School District
- Weld RE-4 School District (Windsor-Severance)
- Weld RE5J School District (Johnstown-Milliken)
- Weld County School District 6 (Greeley-Evans)

**We acknowledge and understand:**

1. That this is a voluntary activity and participation is not mandatory.
2. That the activity will be conducted at a location other than the student's school of attendance.
3. **That the student can only transport themselves to and from the athletic activity in accordance with the regulations set forth by Colorado State Law for drivers under the age of 18.**
4. That the district does not carry automobile/liability insurance on privately owned vehicles.
5. That the parent/guardian and student will assume all liability while en route to and from this activity/sport when travel is in non-district vehicles. Our child has adequate medical insurance to cover his/her injuries, in the event of an accident and that the insurance on the vehicle isn't sufficient to cover expenses.
6. That our child is being allowed to participate in this activity with the understanding that we accept the risks involved.
7. That we agree to indemnify and hold the district, their officers, employees, volunteers, and agents harmless from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to participation in this athletic event.

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

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

**PART D MEDICAL**



**ORTHOPAEDIC & SPINE  
CENTER OF THE ROCKIES**

www.orthohealth.com

**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 for current school year.**

*Note: If any changes in the above information occur, a new card must be completed by the parent*

**PART D - MEDICAL**

**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#

DC-SPC # \_\_\_\_\_

**DATE OF EXAMINATION:** \_\_\_\_\_

## Part E - 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: Month \_\_\_\_\_ Year \_\_\_\_\_