

BOTH SIDES OF THIS FORM MUST BE COMPLETED
DISTRICT 8 ATHLETIC PARTICIPATION FORM

PERSONAL INFORMATION

_____ M _____ F
Last name First Name Grade Sex

_____ Zip
Address City State

_____ School Attending
Birth Date

_____ Work #
Parent or Guardian's Name Home #

_____ Cell #
Email Address

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PHYSICIAN INFORMATION (Physical Form Required)

COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION _____ Date of Physical

1. No Athlete may participate in interscholastic athletics without a current physical on file. Physicals are good for 12 months.
2. See Attached Physical Form (**Parent/Guardian staple physical to this form**).

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STATEMENT OF ASSUMED RISK INFORMATION & EQUIPMENT/UNIFORM RESPONSIBILITY
(Signature Required)

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous which a 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-LASTING CATASTROPHIC.** Although serious injuries are not common in supervised school programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.** By signing this form, we acknowledge that we have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give my consent for the above named student to compete in athletics for El Paso County School District 8, in Colorado High School Activities Association approved sports. These sports could include: baseball, basketball, cheer, cross country, football, golf, gymnastics, softball, tennis, swimming, track and field, wrestling, volleyball, soccer, ice hockey, and lacrosse. In consideration of my son's/daughter's opportunity to participate in interscholastic activities, hereby consent to emergency treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child and liability of El Paso County School District 8, any of its agents or employees, arising out of such medical treatment.

- **I HAVE ALSO READ AND UNDERSTAND THE EL PASO COUNTY SCHOOL DISTRICT 8 ATHLETIC HANDBOOK WHICH CAN BE FOUND AT: [HTTP://FFCHSWEB.FFC8.ORG/](http://FFCHSWEB.FFC8.ORG/) (Hard copies available upon request)**
- **I ASSUME ALL RESPONSIBILITY FOR DAMAGED AND/OR LOST EQUIPMENT/UNIFORMS.**

_____ Parent's or Guardian's Signature
Date

_____ Student's Signature
Date

BOTH SIDES OF THIS FORM MUST BE COMPLETED

