

**Galileo School of Math & Science  
Athletic Packet Checklist**

The following items must be completed before a student may participate in interscholastic athletics in Colorado Springs District 11:

- Up-to-date physical with all information completed and parent signatures on BOTH sides (physicals are valid for 365 days)
- Completed District 11 Emergency Information sheet
- Payment of Athletic fees

**Escuela Galileo de Matemáticas y Ciencias  
Lista de verificación de paquetes atléticos**

Los siguientes artículos deben completarse antes de que un estudiante pueda participar en el atletismo interescolar en el Distrito 11 de Colorado Springs:

- Físico actualizado con toda la información completada y firmas de los padres en ambos lados (los físicos son válidos durante 365 días)
- Hoja completa de información de emergencia del Distrito 11
- Pago de tasas atléticas



**FEE SCALE & REQUIREMENTS**

**\*\*\* The full fee will be collected until proof of free or reduced lunch is submitted. \*\*\***

\*\*\*The parent/guardian is responsible to provide proof of the student's qualification for "Free" or "Reduced" lunch program. A copy of the current school years National School Lunch Program approval letter from CSSD11 Food Service must be brought to the business office at the same time of the sports registration. Call 520-2924 if you need a copy of your letter. A current letter must be submitted each school year.

**Please Note: The business office does not have access to this confidential information.**

**STATEMENT OF ELIGIBILITY & ASSUMED RISK GUIDELINES**

**(Signatures 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 the 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.

No student shall represent their school in interschool athletics until this statement is on file and signed by his/her parent or legal guardian and a physical form certifying that he/she has passed an adequate physical examination within one year, noting that in the opinion of the examining physical, physician's assistant, nurse practitioner or a certified/registered chiropractor, is physical fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian to participate; and, the parents and participant have received a Concussion Fact Sheet and have read, understand and agree to the "THE CSSD11 ATHLETIC HANDBOOK" found at: [HTTP://WWW.D11.ORG/ATHLETICS](http://www.d11.org/athletics) and CHSAA guidelines for eligibility found in "THE CHSAA COMPETITORS BROCHURE" found on the CHSAA website.

I hereby give my consent for the student mentioned on this form to compete in athletics for Colorado Springs School District 11, in Colorado High School Activities Association approved sports except those crossed out below. Baseball, basketball, cheer, cross county, 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 Colorado Springs School District 11, any of its agents or employees, arising out of such medical treatment.

**PARENT OR GUARDIAN AND STUDENT WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THE WARNING ABOVE; ELIGIBILITY GUIDELINES; INSURANCE OR PHOTO RELEASE AND PAYMENT AGREEMENT SHOULD NOT SIGN THIS PERMISSION FORM.**

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

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

<b>OFFICE USE ONLY - (For High School Use Only)</b>				
E/L Letter? _____				
Obligation CK	Fall Sports Fee	Sport	Type Payment	Date
_____	\$ _____	_____	_____	_____
Obligation CK	Winter Sports Fee	Sport	Type Payment	Date
_____	\$ _____	_____	_____	_____
Obligation CK	Spring Sports Fee	Sport	Type Payment	Date
_____	\$ _____	_____	_____	_____

**BOTH SIDES OF THIS FORM MUST BE COMPLETED**

## ***School District 11 Emergency Information***

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Hospital Preference \_\_\_\_\_

Health concerns \_\_\_\_\_

### **Consent for Emergency Treatment D11 Interscholastic Activity Injuries**

I, \_\_\_\_\_ parent or guardian of \_\_\_\_\_  
in consideration of my son's/daughter's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by 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, any liability of School District 11, any of its agents or employees, arising out of such medical treatment.

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

\_\_\_\_\_  
Date

## 2022-2023 Athletic fees

Each student at Galileo School of Math and Science is required to pay athletic fees to participate in interscholastic athletics (track & field, basketball, wrestling, and volleyball).

The fees are based on each student's qualification for free or reduced lunch.

Students qualifying for FREE lunch	\$17.00
Students qualifying for reduced lunch	\$33.00
Students NOT qualifying for free or reduced lunch	\$50.00

If there is a hardship in the family and the family is unable to pay the athletic fee, a waiver may be requested from and approved by Mr. McDowell.

ALL FEES or WAIVER REQUESTS must be turned in to the Galileo main office before the first competition.

If the fees or waiver request is not submitted by the deadline, the student will not be allowed to compete.

Example request for waiver:

*Dear Mr. McDowell,*

*At this time our family is unable to pay the athletic fee for our daughter to play volleyball.*

*We would please like to request a waiver for her athletic fee.*

*Thank you.*

## 2022-2023 Honorarios atléticos

Cada estudiante de la Escuela Galileo de Matemáticas y Ciencias está obligado a pagar cuotas atléticas para participar en el atletismo interescolar (atletismo masculino y femenino, baloncesto masculino y femenino, lucha libre y voleibol).

Las tarifas se basan en la calificación de cada estudiante para el almuerzo gratuito o reducido.

Estudiantes califican para almuerzo GRATIS	\$17.00
Estudiantes califican para almuerzo reducido	\$33.00
Estudiantes QUE NO califican para almuerzo gratis o reducido	\$50.00

Si hay una dificultad en la familia y la familia no puede pagar la cuota atlética, se puede solicitar una exención y ser aprobada por el Sr. McDowell.

TODAS LAS TARIFAS o SOLICITUDES DE EXENCIÓN deben ser entregadas a la oficina principal de Galileo antes del viernes 26 de febrero al final del día.

Si las tarifas o la solicitud de exención no se presentan antes de la fecha límite, el estudiante no podrá terminar la temporada

*Ejemplo de solicitud de exención:*

*Estimado Sr. McDowell,*

*En este momento nuestra familia no puede pagar la cuota atlética para que nuestra hija juegue voleibol.*

*Por favor, nos gustaría solicitar una exención por su cuota atlética.*

*Gracias.*