

COLORADO SPRINGS SCHOOL D-11 PARTICIPATION FORM

BOTH SIDES OF THIS FORM MUST BE COMPLETED

Expires: _____

(NOTE: Submit ONE Yellow Participation Form per year / Need NEW emergency card for EACH SPORT)
(FOR HIGH SCHOOLS ONLY)

PERSONAL INFORMATION

SPORT(S): _____
(HIGH SCHOOL USE ONLY)

School Yr: _____

Last name (PLEASE PRINT) First Name Student ID Grade

Address City State Zip

Birth Date M F Year started 9th grade (ONLY FOR HIGH SCHOOL) School attended last semester

Parent or Guardian's Name (PLEASE PRINT) Home # Work #

Parent Email Address Parent Cell #

PHYSICIAN INFORMATION

(Signature Required)



COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION
Statement by Physician for Athletic Participation

☐
☐

Initial Physical examination
Medical Re-evaluation

I hereby certify that I have examined the above named student and that this student was found physically fit to engage in the following sports: baseball, basketball, cheer, cross country, football, golf, gymnastics, softball, tennis, swimming, track and field, wrestling, volleyball, soccer, ice hockey, and lacrosse. (Please cross out any sport in which the student should not participate.)

Date (valid for 365 days unless rescinded.) (PRINT) Physician Name Physician SIGNATURE

INSURANCE RELEASE

(Signature Required - line #1 or #2)

COLORADO SPRINGS SCHOOL DISTRICT 11 ATHLETIC / ACTIVITY INSURANCE WAIVER

This statement releases Colorado Springs School District 11 schools of responsibility in case of accident to my son/daughter while he/she is participating in interscholastic activities. I fully understand that Colorado Springs School District 11 does not provide accident and health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However, such insurance is made available by the Colorado Springs School District 11 through an authorized agent. I further understand that it is my responsibility to provide accident insurance for my son/daughter.

1) I feel that my present insurance coverage is adequate: _____
Parent or Guardian Signature Date

***** OR *****

2) I am purchasing student accident insurance for my son/daughter through the authorized agent approved by the Board of Education of Colorado Springs School District 11: _____
Parent or Guardian Signature Date

PHOTO RELEASE

(Signature Required – if permission ok)

I hereby give my permission to Colorado Springs School District 11 to publish photographs and/or videos of my student. I understand that such publication may occur through school and/or district newsletters, media releases, public reports, training material, assemblies, public meetings, the district websites, as well as through other school related publications and events.

I further understand that this permission for the Colorado Springs School District 11 to publish will remain in force until such a time as the District Communications Office or School Principal is notified by me in writing of its withdrawal.

Parent or Guardian Signature

Date

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

OFFICE USE ONLY – (For High School Use Only)

F/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



CONCUSSION

A Must Read for NFL Players • Let's Take Brain Injuries Out of Play

CONCUSSION FACTS

- > Concussion is a *brain injury* that alters the way your brain functions.
- > Concussion can occur from a blow to the head/body:
 - following helmet to helmet contact, and/or
 - contact with the ground, object, or another player.
- > Most concussions occur without being knocked unconscious.
- > Severity of injury depends on many factors and is not known until symptoms resolve and brain function is back to normal.
- > All concussions are not created equally. Each player is different, each injury is different, and all injuries should be evaluated by your team medical staff.

CONCUSSION SYMPTOMS

Different symptoms can occur and may not show up for several hours. Common symptoms include:

- Confusion
- Headache
- Amnesia/difficulty remembering
- Balance problems
- Irritability
- Dizziness
- Difficulty concentrating
- Feeling sluggish, foggy, or groggy
- Nausea
- Sensitivity to noise
- Sensitivity to light
- Double/fuzzy vision
- Slowed reaction time
- Feeling more emotional
- Sleep disturbances
- Loss of consciousness

Symptoms may worsen with physical or mental exertion (e.g., lifting, computer use, reading).

WHY SHOULD I REPORT MY SYMPTOMS?

- > Your brain is the most vital organ in your body.
- > Practicing or playing while still experiencing symptoms can prolong the time it takes to recover and return to play.
- > Unlike other injuries, there may be significant consequences to "playing through" a concussion.
- > Repetitive brain injury, when not managed promptly and properly, may cause permanent damage to your brain.

*For more information about concussion and other types of traumatic brain injuries, go to

www.cdc.gov/Concussion

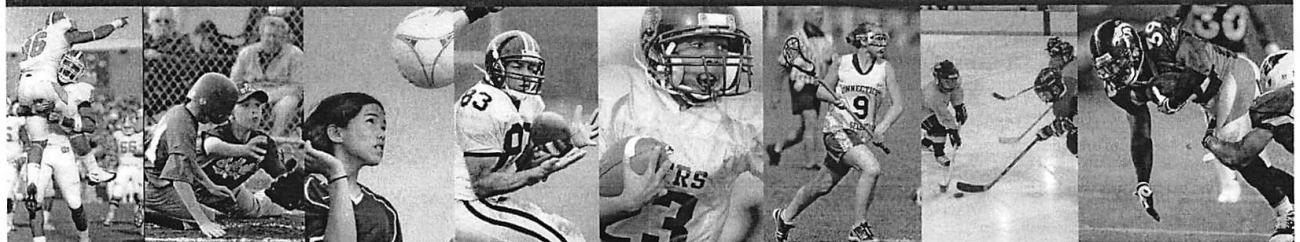
What Should I Do if I Think I've Had a Concussion?

REPORT IT. Never ignore symptoms even if they appear mild. Look out for your teammates. Tell your Athletic Trainer or Team Physician if you think you or a teammate may have a concussion.

GET CHECKED OUT. Your team medical staff has your health and well being as its first priority. They will manage your concussion according to NFL/NFLPA Guidelines which include being fully asymptomatic, both at rest and after exertion, and having a normal neurologic examination, normal neuropsychological testing, and clearance to play by both the team medical staff and the independent neurologic consultant.

TAKE CARE OF YOUR BRAIN. According to CDC*, "traumatic brain injury can cause a wide range of short- or long-term changes affecting thinking, sensation, language, or emotions." These changes may lead to problems with memory and communication, personality changes, as well as depression and the early onset of dementia. Concussions and conditions resulting from repeated brain injury can change your life and your family's life forever.

Work smart. Use your head, don't lead with it. Help make our game safer. **Other athletes are watching...**





SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF

Appears dazed or stunned
Is confused about assignment or position
Forgets sports plays
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Shows behavior or personality changes
Can't recall events prior to hit or fall
Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

Headache or "pressure" in head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion
Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit:
www.cdc.gov/ConcussionInYouthSports

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR DISEASE CONTROL AND PREVENTION

