

2024-2025 Middle School Athletic Participation Registration Checklist

The items listed below must be complete before your student can begin participation.

Student Name: _____ **Grade:** _____

School: _____ **Sport:** _____

☐ Copy of current sports physical turned into office on: **Date** _____
 ○ Sports physical completed on: **Date** _____

☐ Athletic Fee Paid - \$50
 ○ Notes:

☐ Middle School Authorization for Athletic Participation

☐ Emergency Information Card
 ○ This card must be completed by a Parent or Guardian

☐ Middle School Athletic Code of Conduct

☐ Uniform agreement
 ○ I hereby agree to accept full responsibility for the district uniform issued to my child. If any equipment or uniform pieces are lost or damaged (beyond normal wear), I agree to pay for replacement. I am further aware that if my student's uniform is not returned to the school within two weeks of the completion of the season, that Adams 12 Five Star Schools will bill me \$100 for the uniform.

Parent/Guardian Signature _____ Date: _____

District Athletics & Activities

Student Name	Date of Birth	Sport			
Address	Phone	School			
Parent/Guardian Name	Email	Grade <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>6</td><td>7</td><td>8</td></tr></table>	6	7	8
6	7	8			
Previous School Attended					

INSURANCE WAIVER/ PERMISSION FOR MEDICAL TREATMENT

This statement releases the District of financial responsibility in case of accident/injury or any illness or infection, to my son/daughter/child/ward/student (hereinafter referred to as "Participant") while Participant is participating in interscholastic athletic activities ("Athletics"). I fully understand Adams 12 Five Star Schools does not provide accident or health insurance coverage for participation in Athletics and that accident insurance is made available by the District for me to purchase through an outside provider. I further understand that it is my responsibility to provide health/accident insurance coverage for Participant. *(Please check all that apply.)*

- ☐ I hereby certify that Participant has health insurance coverage. (If Participant does NOT have health insurance, you MUST check the next box).
- ☐ I hereby certify that I assume full and complete financial responsibility for costs incurred due to any injury or accident occurring during participation in the athletic program.
- ☐ In the event of an emergency requiring medical attention, I hereby grant permission to a physician or the hospital personnel to attend to Participant. Every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

PERMISSION FOR ATHLETIC TRAINING AND TEAM PHYSICIAN SERVICES

- ☐ I hereby acknowledge that Children's Hospital Colorado ("CHCO") may provide athletic trainer services to participants in District-sponsored athletics. As such, I authorize CHCO's athletic training team members to administer any and all first aid treatment and athletic training services to Participant as may be required to treat any illness/injury/accident resulting from or related to participation in Athletics. I further grant my permission for any and all emergency medical/dental/athletic training treatment and/or first aid to be administered to Participant, including authorizing any medical treatment and any facility/hospital/ team physician to administer emergency treatment, for any illness/injury/accident resulting from or related to participation in Athletics. Participant (and if the Participant is younger than eighteen (18) years old, his/her undersigned parent or legally authorized representative both on behalf of said Participant and for himself/herself) hereby irrevocably undertakes and agrees for himself/herself and his/her heirs, personal representatives, next of kin, agents, successors, and assigns, and anyone else who might claim on Participant's behalf (collectively "Releasers"), to release, waive, discharge, and promise not to sue the District, CHCO and their respective subsidiaries, affiliates, divisions, officers, board members, employees, team members, sponsors, agents, legal representatives, administrators, successors, assigns, heirs, executors, and those acting with District's or CHCO's authority and permission (collectively "Releasees"), from liability from any and all claims, including the negligence of Releasees, resulting in personal injury (including death), accidents, illnesses or infection, and property loss, in connection with Participant's participation in the Athletics and activities coincidental to Athletics, whether known or unknown, foreseen or unforeseen, and which arise or may arise as a result of any first aid, treatment or emergency medical service(s) provided to Participant.

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ACKNOWLEDGEMENT OF RETURN TO PLAY PROTOCOL

- ☐ I hereby acknowledge that the District requires any Participant who is returning from injury in which the Participant was not participating for any amount of time (i.e. concussion, ACL reconstruction, etc.) to be cleared by an individual with the following credentials: MD, DO, PA, or LNP ("Qualified Health Care Professional"). I also understand that the Qualified Health Care Professional who is signing the Participant's return to sport clearance must not be a direct relative of the Participant. "Direct relative" means the Participant's parent/guardian, sibling, grandparent, or aunt/uncle. I also understand and acknowledge that return to sport clearance should only be provided by a Qualified Health Care Professional who is making a clearance decision based on the best interest of the Participant's health and who is void of conflicts of interest regarding the Participant's return to sport.

STATEMENT BY QUALIFIED HEALTH CARE PROFESSIONAL FOR ATHLETIC PARTICIPATION

No student shall participate in formal practice or represent the student's school in Athletics until there is a statement on file with the principal or athletic director signed by the student's parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) the student has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, the student is physically fit to participate in middle school athletics; and (c) that the student has the consent of the student's parent or legal guardian to participate. Licensed medical practitioners who meet this criteria include MDs, DOs, Nurse Practitioners, Physician Assistants and Doctors of Chiropractic who are School Physical Certified (DC, Spc.).

- ☐ I hereby acknowledge that the licensed medical practitioner who is signing the physical may be a "direct relative" of the Participant, as "direct relative" is defined above, so long as the Participant has not had any recent injuries for which the Participant still needs a return to sport clearance.
- ☐ Documentation of physical within the last calendar year from a licensed medical practitioner that meets the criteria described above is attached.

Parent/Guardian Signature

Date

WARNING TO PARENTS/GUARDIANS AND STUDENTS WITH RELEASE

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury, illness or infection. Athletic participation by students also may be inherently dangerous.

Athletes have the responsibility of reporting their injuries/illnesses/symptoms to their parents, and coaches. I realize that my physical condition is dependent upon accurate medical history and disclosure of all symptoms, complaints, illnesses, prior injuries and/or any disabilities. I affirm that I have fully disclosed any prior medical conditions and will disclose any future conditions to my parents and coaches. I also understand that by participating in my sport there is a possibility that I could suffer a head injury/concussion. I understand the importance of immediate reporting of symptoms to my parents/guardians and coaches.

By granting permission for Participant to participate in athletic competition, I acknowledge that such risk exists. I hereby give my consent for my son/daughter/child/ward/student to compete in athletics in Adams 12 Five Star Schools approved middle school sports programs, and I have read and understand this form.

Parent/Guardian Signature

Date

By choosing to participate, I acknowledge that such risks exist.

Student Signature

Date

District Athletics & Activities

TRANSPORTATION NOTICE AND RELEASE

Transportation for middle school students to and from most activities, events, matches, and games will be provided as long as it does not interfere with daily school bus routes. If transportation cannot be provided it is the responsibility of the parent/guardian to arrange for the student's transportation to and from practices, events, matches, and games. When District transportation is not available and other alternative forms of transportation are utilized, the District cannot and does not assume any responsibility for the safety, training of drivers, condition of vehicles, adequacy for the use of purpose intended or any other matters related to any non-District transportation.

I acknowledge, agree and understand that the District does not insure, endorse, approve or sponsor any form of non-District transportation, whether by parents, students or otherwise, to and from District off-campus activities or events. I acknowledge it is my responsibility to provide or arrange for my child's transportation to District events when District transportation is not available. I hereby waive, release, discharge and agree to hold harmless and indemnify the District, its agents, employees, insurers and Board of Education, from any claim, cause of action, damage, injury, or demand of any nature, including bodily injury, property damage or death, arising from or sustained during or as a result of my child's utilization of or participation in any non-District transportation, whether furnished by us, our student, another student, another adult or otherwise.

Parent/Guardian Signature

Date

Emergency Information Card
(A Parent or Guardian must complete this card)

Name of Athlete _____ Date of Physical _____
(Print)

Address _____ Home Phone _____

Mother Cell/Work _____ Father Cell/Work _____

Person to contact in case a parent/guardian cannot be reached:

Name _____ Relationship to Athlete _____ Phone _____

Do you have any of the following conditions?

Allergies	Yes ☐	No ☐	If yes, to what? _____
Asthma	Yes ☐	No ☐	
Diabetes	Yes ☐	No ☐	
Seizures/Epilepsy	Yes ☐	No ☐	
Concussions	Yes ☐	No ☐	If yes, date/grade ____/____ date/grade ____/____ date/grade ____/____

Do you have any previous or existing injuries/surgeries/conditions/illnesses that might affect your athletic participation?

If yes, describe: _____

I give the health care provider (e.g. health aide/district nurse), as necessary at _____
middle school permission to evaluate and treat common injuries/wounds that might occur as a result of participating in athletics.

In the absence of the health aide/district nurse, the coach will use his/her best judgment to assist the injured athlete. I have read and understand the Medical Disclaimer on the bottom of this document.

Emergency care:

In the event of an emergency, the coach is responsible for the following:

- A. Caring for the athlete. (Notify health aide/district nurse).
- B. Contact parents or guardian of the athlete. If parent or guardian cannot be reached, contact person designated on emergency card.
- C. If needed, seek professional care for the athlete.
- D. If needed, call "911".
- E. If student is transported by ambulance or sent to hospital, contact the District Emergency Communications Center at (720) 972-4911.
- F. Complete a District accident report.
- G. Notify the school Athletic Director and/or the District Athletic Director.

Medical Disclaimer:

Athletes have the responsibility of reporting their injuries/illnesses/symptoms to their coach and the health aide/district nurse at their middle school. I realize that my physical condition is dependent upon accurate medical history and disclosure of all symptoms, complaints, illnesses, prior injuries and/or any disabilities. I affirm that I have fully disclosed any prior medical conditions and will disclose any future conditions to my coach and the health aide/district nurse at my middle school. I also understand that by participating in my sport there is a possibility that I could suffer a head injury/concussion. I understand the importance of immediate reporting of symptoms to the coach/health aide/district nurse.

Parent/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____



District Athletics & Activities

ADAMS 12 FIVE STAR SCHOOLS MIDDLE SCHOOL ATHLETIC CODE OF CONDUCT & SPECTATOR EXPECTATIONS

This middle school athletic code of conduct (Code of Conduct) applies to students participating in any Adams 12 Five Star Schools' interscholastic athletics program. Student participants include team members and team managers (Participants).

Participants represent their team, middle school, and community. It is important, therefore, that Participants maintain high standards of conduct at all times. Since participation in interscholastic athletics programs of Adams 12 Five Star Schools (the District) is a privilege, not a right, maintenance of such high standards, as reflected in District Policy and each District middle school's rules and procedures, is a condition of team membership and participation.

Participants are responsible for knowing District Policy and school rules/procedures.

Participants are expected to conduct themselves in a commendable manner at all times during interscholastic athletics, and toward opponents, teammates, officials, and spectators, regardless of where the activities occur.

The following activities are prohibited by this Code of Conduct at any time, whether on or off District property:

1. Consumption or possession of tobacco/nicotine (including electronic smoking devices), drugs, or alcohol in any form and any quantity
2. Physical altercation
3. Theft
4. Property damage
5. Any form of hazing, bullying, intimidation, harassment or discrimination
6. Any other behavior prohibited by District Policy or school rules/procedures

Sanctions

The following progressive discipline protocol represents the minimum sanctions for violation of this Code of Conduct. A Participant may also be required to complete an education-based program or activity as a consequence of violating this Code of Conduct. At the discretion of the principal or designee, a serious violation of District Policy/school rules may result in more severe discipline and more limited team participation than what is listed here.

- The first violation will result in an immediate suspension from one contest.
- A second violation will result in an immediate suspension from two contests.
- A third violation and any subsequent violation will result in an immediate suspension from participation in all District middle school athletics programs for one calendar year. Future participation following the suspension will be at the sole discretion of the principal.

Participants who are suspended from contests may be required to attend all practices if they have not also been suspended from school, but may NOT dress in team uniform or compete in any contests while suspended. For purposes of this Code of Conduct, scrimmages are not considered contests.

School suspension is separate from a suspension pursuant to this Code of Conduct and will be treated as such. Therefore, suspension from contests do not count during days of school suspension. Participants must re-establish their student status through re-entry after school suspension before serving the suspension imposed pursuant to this Code of Conduct.

Process

- Prior to imposition of any suspension pursuant to this Code of Conduct, the principal or designee shall have an informal conference with the Participant regarding an allegation that the Participant has violated this Code of Conduct, and allow the Participant to respond to such allegation.
- A Participant who has been determined to be in violation of this Code of Conduct may be granted an appeal to a District-wide committee composed of two middle school athletic directors and two athletic coaches, one from the building of the appealing Participant, and chaired by the District athletic director. Requests to appeal must be made within one week from the date of the decision to suspend the Participant pursuant to this Code of Conduct.
- The Participant and/or Participant's parent/guardian shall be responsible for providing any documentation in support of the appeal.
- Decisions made by the District-wide appeal committee shall be final.

**ADAMS 12 FIVE STAR SCHOOLS MIDDLE SCHOOL ATHLETIC CODE
OF CONDUCT & SPECTATOR EXPECTATIONS**

Spectator expectations

Parents/guardians, family members, and other spectators play a vital role in the middle school athletic programs' experience; their words and actions can serve to build up or tear down Participants. As a result, District and school staff are asking for spectators' support in providing a positive environment at middle school athletic contests.

The District is committed to safety, good sportsmanship, and fair play. Respect for the opposing team, all coaches, game officials and each other before, during and after each contest is of the utmost importance.

Adams 12 Five Star Schools encourages the following at athletic contests:

- Enthusiastic support of your team/Participants
- Good sportsmanship
- Family friendly atmosphere
- Commitment to safety
- Welcoming attitude to all spectators and visitors

Unacceptable behaviors at Adams 12 Five Star Schools athletic contests include:

- Verbal abuse of Participants, students, spectators, officials or District staff
- Disruptive or unruly behavior
- Lewd or obscene comments or gestures
- Entering the playing surface at any time
- Approaching officials before, during or after the contest
- Being under the influence of or the use, possession, distribution, service or sale of alcohol, drugs, other controlled substances and other illegal contraband. This includes marijuana, even if legally purchased through retail establishments or prescribed.
- Any other behavior prohibited by applicable District Policy

School administrators and/or their designees may direct spectators who fail to behave in a positive and respectful manner to leave the event and may impose conditions or a total ban on the spectator's future attendance at athletic contests, in accordance with District Policy. We encourage all spectators to "cheer for your team!"

We have read, understand, and agree to abide by this Code of Conduct and Spectator Expectations.

Parent/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____



**MS Sports Eligibility policy
2024-2025**

Participating in athletics is a privilege and we want our student-athletes to demonstrate great character both in sports and in the classroom. Student-athletes are expected to be respectful and participate in the classroom.

Attendance

A student-athlete with 3 or more unexcused class period absences or 6 or more unexcused class period tardies will not be eligible for the next scheduled competition day. Attendance will be pulled between competition dates and if a student is found to have more than the number of unexcused absences or tardies listed above, they will be ineligible for the next scheduled competition date.

Behavior

If a student-athlete is suspended (ISS or OSS) at any time during the season, they will be ineligible for the next scheduled competition day.



1500 E. 128th Avenue Thornton, CO 80241
Phone: (720) 972-5928

District Athletics & Activities

Educational Support Center

August 1, 2024

Dear middle school Student-Athlete and Parent:

Thank you for choosing to participate in the middle school athletic program within Adams 12 Five Star Schools.

Beginning with the 2023-2024 school year, Adams 12 Five Star Schools will implement a middle school athletic participation fee. Participation fees help support, in part, the costs (equipment, transportation, coaches, game officials, etc.) associated with our interscholastic middle school sanctioned sports.

The new participation fee per sport will be \$50 (maximum of \$100 per participant per academic year).

Students participating in the free and reduced price lunch program will continue to receive assistance with athletic fees so that all students have an opportunity to participate in district athletic programs.

Thank you,

A handwritten signature in black ink that reads "Kylie Russell". The signature is written in a cursive, flowing style.

Kylie Russell
District Athletics and Activities Director
Adams 12 Five Star Schools