



## SPORTS-REGISTRATION FORM

Only one athletic form and one CHSAA PPE form need to be filled out each school year for each student. For subsequent seasons, please inform the Athletic Department if records from a previous sport are on file.

This form and the CHSAA physical-exam paperwork need to be completed and turned in to the Athletic Department. The Athletic Department will then approve the student for participation. This process must be repeated and updated for each sport the student participates in during the school year.

Please complete the below checklist and physically deliver a hard copy of this form to the Athletic Office at the LCHS. Questions? Email [athletics@libertycommon.org](mailto:athletics@libertycommon.org)

### STUDENT INFORMATION AND CHECKLIST

Student's Name (Last, First, M.I.) \_\_\_\_\_

Graduation Year \_\_\_\_\_ Grade/Campus \_\_\_\_\_

Intended Sports for the Current School Year \_\_\_\_\_

- ☐ RevTrak Registration and Payment Complete
- ☐ Read Eligibility Contract
- ☐ Read Assumption of Risk and Student/Parent Consent to Participate
- ☐ Complete Permission for Medical Treatment Form
- ☐ Parent and Athlete Sign and Date
- ☐ CHSSA Preparticipation Physical Evaluation form (*Only Form Accepted*)

### ATHLETIC ELIGIBILITY POLICY

Participation in school-sponsored athletic activities at Liberty Common High School is both a privilege and a responsibility. As members of a Liberty Common athletic team, students are expected to make a personal commitment to represent Liberty in an exemplary fashion.

The following expectations apply to all students participating in school-sponsored athletic activities. These rules apply to each sport students choose to participate in throughout the school year.

The Athletic Director will check grades and report failing grades to the coach. A student who has one D or F will be put on the "Planner Plan," and the planner will need to be signed by the teacher in the failing class. The student will then need to show the signed planner (calendar, personnel planner, etc.) to the coach to attend practices and competitions. The student will not be able to participate without the planner signed by the teacher of the failing class. If progress is not demonstrated after 2 weeks, students will be ineligible to participate in the school-sponsored athletic activity until the grade is passing.

If a student has two failing grades (D or F), they are immediately placed on probation: the student will not be eligible to participate until one of the two failing grades is raised. Students are also to be away from the activities, practices, and contests until the grade is raised. Students should use this time to study and raise failing grades. If one grade is raised, then the student is placed on the Planner Plan and will be able to participate. Failure to raise failing grades will result in dismissal from the school-sponsored athletic activity for the remainder of the semester. If you have any questions regarding the eligibility process, please advise the Athletic Director.

- ☐ By checking this box, I certify my student meets all CHSAA eligibility requirements and will abide by all eligibility requirements for the current school year.

## ASSUMPTION OF RISK | STUDENT/PARENT CONSENT TO PARTICIPATE

By its nature, participation in interscholastic or intramural athletics includes risk of injury which may range in severity from minor to disabling, even death. Although serious injuries are not common in supervised school-athletic programs, it is impossible to eliminate risk. Participants have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

☐ I have read and understand the rules and regulations for participating in athletics, activities, or clubs with Liberty Common School and Liberty Common High School. I agree I will at all times abide by those rules as long as I am a member of Liberty Common School or Liberty Common High School. I promise to uphold the high standards expected of me and will always be a credit to my school. I realize failure to comply with these rules can mean dismissal from the sport, activity, or club.

## PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency occurring while my son/daughter is on school-sponsored practice, performance, or trip, I hereby grant permission to the school and its employees to take whatever action deemed necessary. In the event I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter, \_\_\_\_\_, to receive medical treatment.

### Person to be notified other than parent or guardian in an emergency:

First and Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor/Practice: \_\_\_\_\_

Has the student-athlete had a concussion before? ☐ Y / ☐ N

Please include any medical information the coach should be aware of (allergies, medication, etc):

☐ I fully understand that Liberty Common School and Poudre School District do not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic athletics. I fully understand that it is my responsibility to provide accident or health insurance coverage for my son/daughter.

☐ I understand the process of disseminating medical information to coaches can be delayed and may not be received prior to the start of the season. If I have urgent medical or medication concerns about my student that would help the athletic staff keep them safe, I will disclose those to their coach directly.

## SIGNATURES AND CONSENT

\_\_\_\_\_ has signified a desire to participate in a sport/activity/club at Liberty Common School or Liberty Common High School. To remain on the team or squad, certain responsibilities and obligations must be assumed. I have read and understand the regulations outlined in the participant guidelines. I will, insofar as I am able, see that these rules and regulations are carried out. I will, whenever questions arise, contact the coach or the Athletic Director for clarification.

I hereby give \_\_\_\_\_ consent to participate in LCHS athletics/activities and agree that he/she will:

- represent his/her school in approved athletic activities.
- abide by the LCHS athletic eligibility policy.
- travel with any school team of which he/she is a member on its local or out-of-town trips.
- receive, through an athletic trainer, medical service provider, or medical doctor of the school's choice, emergency medical
- care, which may be necessary in the course of such athletic activities or travel.
- assume the risks and responsibilities stated above. Parents or students who do not wish to accept the risks described in the warning should not sign this permission form.

I further agree not to hold the Liberty Common School or anyone acting on its behalf responsible for any injury occurring to the above-named student in the proper course of such athletic activities or travel.

☐ I have read the foregoing and understand the inherent risks and responsibilities involved with my participation in athletics.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

*This medical history form should be retained by the healthcare provider and/or parent and not turned into the school.*

*This form is valid for 365 calendar days from the date signed below.*

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Revised 8/24

## MEDICAL HISTORY FORM

**Student Information** (to be completed by student and parent) *print legibly*

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  
Family Healthcare Provider: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

### Patient Health Questionnaire version 4 (PHQ-4)

*Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)*

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (continued)		Yes	No
Explain “Yes” answers at the end of this form. Circle questions if you don’t know the answer.							
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Bragada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						



## PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

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Revised 8/24

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

BONE AND JOINT QUESTIONS		Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		

MEDICAL QUESTIONS		Yes	No
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?		
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
23	Have you ever become ill while exercising in the heat?		
24	Do you or does someone in your family have sickle cell trait or disease?		
25	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (continued)		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

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Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. CHSAA bylaw 1780.1 states, "No pupil shall participate in formal practice or represent his/her/their school in interscholastic athletics until there is a statement on file with the principal or athletic director signed by his/her/their parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) he/she/they has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, he/she/they is physically fit to participate in high school athletics; and (c) that he/she/they has the consent of his/her/ their parents or legal guardian to participate. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. No pupil shall participate in formal practice or represent his/her/their school in interscholastic athletics until this form is completed in its entirety and page 4 is on file with the principal or athletic director signed by his/her/their parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) he/she/they has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, he/she/they is physically fit to participate in high school athletics. The CHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: \_\_\_\_\_ (printed) Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (printed) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (printed) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

*This medical history form should be retained by the healthcare provider and/or parent and not turned into the school.*

*This form is valid for 365 calendar days from the date signed below.*

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Revised 8/24

## PHYSICAL EXAMINATION FORM

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

### PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

<ul style="list-style-type: none"><li>Do you feel stressed out or under a lot of pressure?</li></ul>	<ul style="list-style-type: none"><li>Do you ever feel sad, hopeless, depressed, or anxious?</li></ul>
<ul style="list-style-type: none"><li>Do you feel safe at your home or residence?</li></ul>	<ul style="list-style-type: none"><li>During the past 30 days, did you use chewing tobacco, snuff, or dip?</li></ul>
<ul style="list-style-type: none"><li>Have you ever taken any supplements to help you gain or lose weight or improve your performance?</li></ul>	
<ul style="list-style-type: none"><li>Have you ever taken anabolic steroids or used any other performance-enhancing supplement?</li></ul>	

- ☐ Verify completion of Medical History (pages 1 and 2), review these medical history responses as part of your assessment.  
Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

EXAMINATION		
Height: _____ Weight: _____		
BP: ____/____ (____/____)	Pulse: _____	Vision: R 20/____ L 20/____ Corrected: Yes No
MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"><li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li></ul>		
Eyes, Ears, Nose, and Throat <ul style="list-style-type: none"><li>Pupils equal</li><li>Hearing</li></ul>		
Lymph Nodes		
Heart <ul style="list-style-type: none"><li>Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)</li></ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"><li>Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis</li></ul>		
Neurological		
MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional <ul style="list-style-type: none"><li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li></ul>		

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_



# PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

**SUBMIT ONLY THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL**

*This form is valid for 365 calendar days from the date signed below.*

**4**

**Revised 8/24**

## MEDICAL ELIGIBILITY FORM

**Student Information** (to be completed by student and parent) *print legibly*

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  
Family Healthcare Provider: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

- ☐ Medically eligible for all sports without restriction  
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*

☐ Medically eligible for only certain sports as listed below:

☐ Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

I hereby certify that I have examined the above-named student-athlete using the CHSAA Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

### SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

List any medical history that is relevant to participation in competitive sports. *(explain below, use additional sheet, if necessary)*

- ☐ Allergies/Anaphylaxis ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait  
☐ Mental Health ☐ N/A – No relevant medical information to disclose

Medications: *(use additional sheet, if necessary)*

List: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct.

**This form is not considered valid unless all sections are complete.**

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