Lincoln Academy Charter School Athletic Participation Form

Name of Athlete: _____ Grade _____

Print Parent/Guardian Name(s) _____

Phone numbers (all) _____

_____

Insurance Company _____ Policy # _____

Emergency Contacts

Name _____ Phone: _____

Name _____ Phone: _____

Initial each sport you will allow your child to play:

___ Basketball ____ Soccer ___Volleyball ___ Cross Country

IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, THE COACH WILL USE HIS/HER BEST JUDGEMENT TO PROTECT AND ASSIST THE INJURED ATHLETE IN ACCORDANCE WITH THE FOLLOWING POLICIES: **A.** Caring for the athlete. **B.** Notifying the athlete's parents or guardian, or if these cannot be reached, for following the directions given on the athlete's emergency card. **C.** In extreme cases, getting the athlete under professional care with or without family permission. **D.** In cases of a need for emergency rescue aid a coach should call 911. **E.** Complete an accident report.

Consent for Participation in the Athletic Program and for Medical Treatment and Procedures

I have read and understand the information in this form and I hereby give consent for my child to participate in the school's athletic program and to receive any necessary health care treatment, including first aid, diagnostic procedures and medical treatment, which may be provided by treating physicians, nurses and other healthcare providers. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary treatment.

Date _____
Parent or Guardian Signature

JEFFERSON COUNTY PUBLIC SCHOOLS
PARENT PERMISSION FOR ATHLETIC PARTICIPATION

1. Before an athlete is permitted to participate in the Jefferson County athletic program this permission form must be signed for each sport and on file with the school.
2. The School District is relieved of any or all liability for accidents or injuries connected in any way with the competitive athletic program.
3. It is the responsibility of the parent or guardian to provide insurance protection for the athlete while participating in competitive athletics.
4. The School District makes available student insurance plans which offer coverage for any accident or injury resulting from participation in competitive athletics. This plan is available at your local school. (Check with your school athletics director.)

NOTE: Although participation in supervised school athletic and activities programs are among the least hazardous events in which any student will engage, either in or out of school, the very nature of these school athletic and activities programs does create potential for injury. Parents should be aware that the chance of injury is present while students are participating in school activities and athletics and should understand this includes a risk of injury which may range in severity from minor, to long term catastrophic, up to and including death. Those parents who do not wish to expose their students to this possibility should not sign this permission form.

JEFFERSON COUNTY SCHOOLS PARTICIPATION CONTRACT

The Jefferson County Schools have established certain rules by which the young men and women who participate in the interscholastic programs are required to abide. To eliminate any misunderstanding about these rules, please READ the following carefully:

1. The use or possession of tobacco, drugs, including steroids, drug paraphernalia, or alcoholic beverages in any form will not be tolerated, regardless of quantity.
2. The following represent behavior expectations to be followed by the participant.
   a. Participants are expected to conduct themselves in a commendable manner at all times in the school, the classroom, during interscholastic activities, and toward opponents, officials and spectators. The use of profane language is not acceptable and will not be tolerated.
   b. There will be "zero tolerance" for assault upon, hazing, disorderly conduct toward, harassment of, intimidation of, discrimination against or any criminal offense against another student or damage of property of another student.
   c. Any behavior, on or off school property, which is detrimental to the welfare or safety of others will not be permitted.

Additional References: Board Policy and Procedure JICH/JICH-R, JBC, JBB, JKDA/JKEA and the Student Conduct Code Book.

We have read the above rules and regulations and understand students will be governed by this contract while participating in the Jefferson County interscholastic programs.

Parent/Guardian **Date**

Student/Athlete **Grade** **Date**

Note: If any changes in the above information occur, a new card must be completed by the parent or guardian as soon as possible.

Revised 07-25-14

Lincoln Academy Charter School Athletic Participation Form

ATHLETIC INSURANCE WAIVER

NOTE: I fully understand that the Jefferson County schools 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 insurance coverage for my son/daughter.

Parent/Guardian Signature

Date

Student Athlete Signature

Date

STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined _____ and that the student was found physically fit to engage in baseball, basketball, cheers/pom poms, cross country, field hockey, football, golf, gymnastics, ice hockey, lacrosse, skiing, soccer, softball, swimming, tennis, track, volleyball, and wrestling. (Please cross out any sport in which the student should **not** participate.)

DATE: _____ **SIGNED:** _____

(Valid 365 days unless rescinded) Physician, Physicians Asst. or Nurse Practitioner

SUMMARY INFORMATION FOR PHYSICIAN

Rule 1, Section 9, Page 32

No pupil shall represent his/her school in inter-school athletics until there is a statement signed by his parents or legal guardian and a practicing physician certifying that he/she has passed an adequate physical examination within the past year: that in the opinion of the examining physician he/she is physically fit to participate in athletics; and that he/she has the consent of his/her parents or legal guardian to participate on file with the superintendent or principal.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every ten years throughout life. Boosters are recommended at the time of major injury if more than five years have elapsed since the last booster. If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. A practicing physician must sign the physical examination form. If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete will not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

For the 2021-2022 School Year

STUDENT PASSENGER OF PRIVATE VEHICLE TRANSPORTATION

I am aware that my student may be riding to practice and/or scheduled athletic/activities with an adult who has a valid driver's license and is operating an auto which is insured and in good working condition.

My son/daughter has permission to ride with an authorized driver.

My son/daughter does not have permission to ride with an authorized driver.

Parent/Guardian Signature

Date

DRIVER SPECIFICATIONS FOR PARENTS/STAFF DRIVERS

(Reference JJH-E-3)

This authorization is for driving student participants to practices or scheduled athletic events or activities by private vehicle. **(The district does not insure privately owned vehicles.)**

Any licensed driver may be authorized to drive participating students to scheduled school activities provided the conditions outlined below are met:

The vehicle being driven will be in good working condition.

All students must wear seat belts.

The vehicle has liability insurance coverage which meets the minimum standards of the Colorado Financial Responsibility Law.

The number of passengers carried shall not exceed the capacity of the vehicle and the state mandated laws.

The insurance company providing coverage for my vehicle is:

Insurance Company Name **Policy #**

I verify that the conditions outlined will be met by the vehicle used on this student travel experience.

Driver's Signature

License Number

Note: If any changes in the above information occur, a new card must be completed by the parent or guardian as soon as possible.

Revised 07-25-14

LINCOLN ACADMEY CHARTER SCHOOL

WAIVER AND RELEASE FROM LIABILITY FOR PARTICIPATION IN EXTRACURRICULAR SPORTS/ACTIVITIES

This waiver and release is entered into by _____(student participant) , _____ (guardian of student participant), and Lincoln Academy Charter School.

Your son or daughter's participation in cross country, basketball, cheerleading, soccer, and/or volleyball is voluntary and not required as a student of the Lincoln Academy Charter School.

1. Parent hereby gives consent for the above named student to participate and compete on Lincoln Academy Middle School's athletic team.

2. Student and Parent acknowledge they are aware of the risks inherent in practicing and playing basketball, cheerleading, soccer, cross country and/or volleyball.

3. For purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that arises from student's participation on this Lincoln Academy Middle School athletic team.

The undersigned have read and voluntarily sign this release and waiver of liability and further agree that no oral representations, statements or inducements, apart from this agreement, have been made.

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

LINCOLN ACADEMY

PARENT/FAN BEHAVIOR ACCOUNTABILITY

In Lincoln Academy's attempt to ensure that all athletic events operate in a manner that emphasizes respect and responsibility, LA will remove any individual(s) creating a disturbance which disrupts these goals at an event. An individual removed from a contest by either Lincoln Academy's administrative team or the game official for that contest will receive written notification from Lincoln Academy following the event. This notification will serve as a warning that a second removal from an event will result in a suspension from all Lincoln Academy athletic events for the remainder of the academic year. The individual can return to athletic contests the following year. Upon return, any individual who continues to be a disruption to the management of Lincoln Academy's activities, or receives a third removal from an event, will be barred indefinitely from attending all future contests.

We have read and understand the above rules and regulations related to the Lincoln Academy Code of Conduct and will abide by them. We also understand the consequences and penalties for these rules and regulations if they are violated.

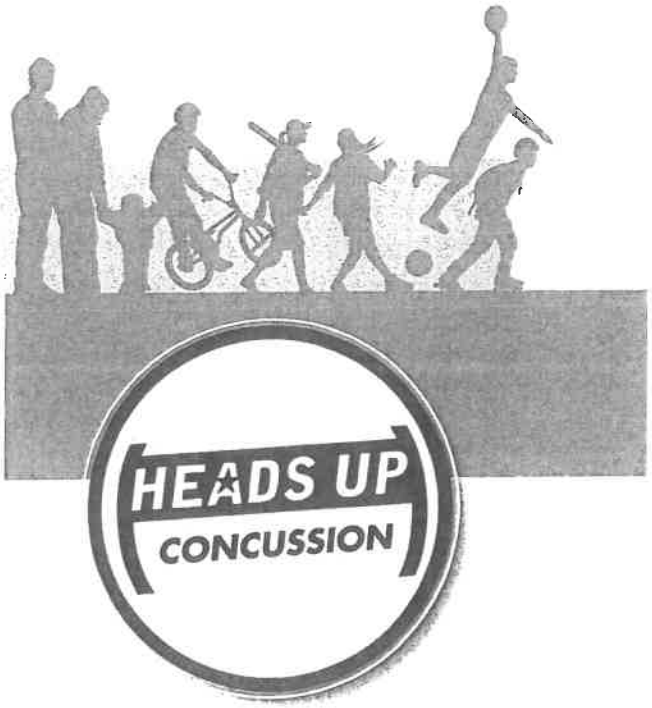
1. Parent/Guardian Signature_____

   Parent/Guardian Printed Name_____ Date_____

2. Parent/Guardian Signature_____

   Parent/Guardian Printed Name_____ Date_____

Updated: 10/23/19



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

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
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

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

[INSERT YOUR LOGO]

"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

_____

STUDENT-ATHLETE NAME PRINTED

_____

STUDENT-ATHLETE NAME SIGNED

_____

DATE

_____

PARENT OR GUARDIAN NAME PRINTED

_____

PARENT OR GUARDIAN NAME SIGNED

_____

DATE

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