



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

STUDENT INFORMATION AND CHECKLIST

Student's Name (Last, First, M.I.): _____

Graduation Year: _____ School Attending: _____

School Registrar/Administrator Contact:

Name: _____ Phone: _____ Email: _____

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.

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