

Jenkins Athletic Packet

Sports Schedules & Information

****Please read before completing****

If your student is interested in participating in any of the sports listed below, please follow these instructions so your student does not miss out. Athletic Packet can also be found on Jenkins's website under Athletics.

Students must submit the following items to the Business Office to tryout or participate:

1. Submit these forms CSSD11 Athletic Participation Form (2 pages), Pre-Participation Physical Evaluation Form and Jenkins Athletic Eligibility Policy per year-Packet is only good for one year from date of physical. Emergency Information Card must be completed per sport.
2. Athletic Participation form- 2 pages
 - a. Insurance Release-parent/guardian signature required
 - b. Photo Release-parent/guardian signature required-if student is not allowed to be photographed they will not be able to participate if the district is videoing
 - c. Statement of Eligibility-parent/guardian and student signatures required
3. Pre-Participation Physical Evaluation
 - a. Physician Information-Physician signature required **
**If Physician signature is not available on D11 Pre-Participation Physical Evaluation form. Acceptable statement from doctor must include 1. Students name 2. Date of physical 3. Statement that student is cleared to participate in sports 4. Physician's name and signature.
4. Emergency Information Card- to be completed by parent/guardian per sport.
5. Jenkins Athletic Eligibility Policy – signed by parent/guardian and athlete-per school year.
6. Submit via email to brenda.voorhees@d11.org or fax to 719-266-5276 or submit in person at the Business Office. **PLEASE REVIEW PRIOR TO SUBMITTING TO MAKE SURE FORMS HAVE ALL NEEDED SIGNATURES. **Incomplete forms will be returned.****

Helpful Hints:

- Athletes must have participated in (5) practices, prior to the first competition or scrimmage to compete.
- Schedule physicals during the summer while Doctor's offices are **NOT** busy. This also alleviates the problem of physicals expiring during a sport.

Sports Schedule

PLEASE FOLLOW JENKINS WEBSITE (ATHLETICS) FOR UPDATES

Below schedules can change, please follow Jenkins's Athletic website for updates or announcements.

Season 1 August 10 – September 25	Football, Cross Country (XC), Girls Volleyball,
Season 2 September 28 – November 13	Girls Soccer, Wrestling
Season 3 November 16 – January 15	Boys Basketball
Season 4 January 18 – March 19	Girls Basketball
Season 5 March 22 – May 22	Boys Soccer, Girls Softball, Track and Field

Hybrid Sports

August 25 – October 3	Boys Golf
August 25 – September 20	Girls Volleyball
March 2 – April 10	Boys Volleyball
March 17 – May 1	Girls Golf

Business Office # 328.5320

Fax 719.266.5276



>>BOUND

NEW REGISTRATION PROCESS FOR SPORTS

FOR ATHLETES & MANAGERS

We are excited to announce that we have moved to a NEW district-wide registration system through **Bound!**

All athletes and managers must register through Bound to participate in sports for the upcoming year.



WHO CAN REGISTER?



Parents or guardians can register their athlete.



Students can also register themselves.



IMPORTANT INFORMATION

- ✓ Register for your desired sport(s) for the school year.
- ✓ Each sport will show a school next to it. This is how we will know which school you are representing.
- ✓ You will need to complete 4 required documents within the registration for eligibility.

HOW TO REGISTER

1

SCAN THE QR CODE OR VISIT THE WEBSITE.

Click the Registration tab (web).

<https://www.gobound.com/co/districts/cospringsd11>



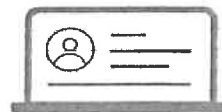
2

LOG IN OR CREATE AN ACCOUNT.

Log in or click "Create Your Account Now."

If you're new to Bound, create your family account and move on to Step 3.

Note: Log in with your existing Bound account if you have one already.



3

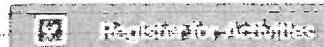
ADD A CHILD AND BEGIN REGISTRATION.

Add a child and begin registration by clicking the Register button.



QUICK LINKS

Under the Quick Links you will click on the green Register for Activities button to get started.



QUESTIONS? PLEASE CONTACT YOUR SCHOOL ATHLETIC OFFICE.



Middle School Athletic Participation Form

School Year: _____

NOTE: Submit only ONE Athletic Participation Form per year / New Emergency Card required for each sport season.

Starting in the Fall of 2024, the Colorado High School Activities Association now requires all student-athletes to have a CHSAA "Medical Eligibility Form" (physical on CHSAA form) on file with the school before participation is allowed.

PERSONAL INFORMATION

Sport(s): _____
(High School Use Only)

Last Name	(PLEASE PRINT)	First Name	Middle Initial	Student ID	Grade
Address	City	State	Zip	Date of Birth	Gender
Parent/Guardian Name	(PLEASE PRINT)	Year Started 9 th Grade (HS ONLY)	School Attended Last Semester		
Parent/Guardian Email Address	Cell Number	Home Number	Work Number		

INSURANCE RELEASE – SIGNATURE REQUIRED – Line #1 or Line #2

Colorado Springs School District 11 Athletic & Activity Insurance Waiver

This statement release 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 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/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 District 11:

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE – SIGNATURE REQUIRED – if permission granted.

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 Colorado Springs School District 11 to publish will remain in force until such a time the District Communications Office or School Principal is notified by me in writing of its withdrawal.

Parent/Guardian Signature _____ Date _____

STATEMENT OF ELIGIBILITY AND ASSUMED RISKS 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 schoolboy its nature, participation in the interscholastic athletics includes a risk of injury which may range in severity from minor to long-lasting catastrophic and may contract an infectious disease/virus. Although serious injuries are not common in supervised school programs, it is impossible to eliminate risk. Participants can and have the responsibility to help reduce the chance of injury as well as contracting infectious diseases/viruses. Players must obey all rules, report all physical problems to their coaches, follow a proper conditioning program, inspect their equipment daily, as well as staying at home when not feeling well. 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/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 physician, physician's assistance, nurse practitioner, or certified/registered chiropractor, is physically 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 www.D11.org/athletics and CHSAA guidelines for eligibility found in *"The CHSAA Competitors Brochure"* found at www.chsaanow.com.

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, cross country, football, golf, gymnastics, ice hockey, lacrosse, soccer, softball, spirit/cheer/dance, swimming & diving, tennis, track & field, volleyball, wrestling. In consideration of my son's/daughter's opportunity to participate in interscholastic activities, hereby consent to emergency treatment, hospitalization or 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 ;ega; 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 FORM.

Parent/Guardian Signature

Date

Student Signature

Date



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

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

1

Revised 4/24

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
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), Brugada 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)

This medical history form should be retained by the healthcare provider and/or parent.

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

2

Revised 4/24

Student's Full Name: _____ Date of Birth: ____/____/____ School: _____

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____			
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?						

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.

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

3

Revised 4/24

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ____/____/____ School: _____

PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	
• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?	

- ☐ 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 Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)			
Eyes, Ears, Nose, and Throat - Pupils equal - Hearing			
Lymph Nodes			
Heart Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)			
Lungs			
Abdomen			
Skin Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis			
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 Double-leg squat test, single-leg squat test, and box drop or step drop test			

Name of Healthcare Professional (print or type): _____ Date of Exam: ____/____/____

Address: _____ Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

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

4

Revised 4/24

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

☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

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

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Mental Health

Explain: _____

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.

Jenkins Athletic Eligibility Policy

READ AND SIGN – Must be on file in athletic office before a student can compete.

At Jenkins Middle School, academic success and character are our priority. Students who choose to participate in our athletic program must perform at acceptable academic levels and honor our student code of conduct to compete. Athletes will need to meet three levels of eligibility to participate at games or matches. Students who fail to maintain their grades or exhibit repetitive or significant behavior concerns may be held from play. It is the responsibility of every athlete to monitor their grades throughout the season.

WEEKLY ELIGIBILITY is checked every Monday. Students are considered ineligible if they have; two or more classes with grades lower than a C, or any failing grade. Students are given until the end of the school day on Wednesday to submit a correction form, signed by their teacher, if they wish to be removed from the ineligible list. Any student who fails to complete a Corrections Form on time, remains ineligible and will be held out of competition Monday through Sunday the following week. The Athletic Director may extend this deadline to accommodate non-student days at his/her discretion. This may impact more than one competition. If a student's grade improves but they fail to submit a correction form, they will remain ineligible. A form must be submitted on time, with a teacher's signature to be reinstated as eligibility. No exceptions will be made. Each Monday grades will be checked again and a new list is created for the upcoming week of play.

QUARTERLY ELIGIBILITY is determined by the end of quarter grades. A grade "D" = 1 point and an "F" = 2 points. If a student completes the quarter with four or more points due to low grades they will not be eligible to try out or participate on teams the following quarter. Points from 4th quarter in the spring impact eligibility for fall sports of the next academic year. Transfer grades from a student's previous school will be taken into account. Quarterly Eligibility is reassessed at the end of each quarter. Jenkins is not responsible to refund fees collected by Park and Rec. for students removed due to quarterly eligibility.

BEHAVIORAL ELIGIBILITY is determined by the Athletic Director and Building Principal. Our athletes are expected to represent Jenkins Middle School with respect and dignity on and off the field/court. Athletes who fail to follow our student code of conduct place themselves at risk of disciplinary action, which can include being placed on the ineligible list or removal from an athletic program. Students who are removed for disciplinary action are not eligible for fee refunds. Students who are declared ineligible for behavioral reasons may be pulled from participation for a single event up to the remainder of the school year.

I have read and agree to the terms of the Jenkins Athletic Eligibility Policy:

Student (Print First and Last Name): _____

Student Signature: _____

Parent (Print First and Last Name): _____

Parent Signature: _____



Emergency Information Card

TO BE COMPLETED PER SPORT

Players Name _____ Grade _____

Parent or Guardian Name _____

Address _____

Phone # _____

Players Name _____ Grade _____

Parent or Guardian Name _____

Address _____

Phone # _____

Physician Name _____

Physician Phone # _____

Chronic Aliments _____

Consent for Emergency Treatment for Interscholastic Activity Injuries

I _____

parent or guardian of _____

in consideration of their opportunity to participate in interscholastic activities, hereby consent to emergency medical 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 their legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the School District, any of its agents or employees, arising out of such medical treatment.

Dated

Signature of Parent or Guardian