

# ATHLETICS: SIGNATURE & PERMISSION FORM

Print Student Name \_\_\_\_\_

- Athletes: Complete all sections 1–7.
- Band, Choir, Drama, Forensics, Robotics, Student Council, & Arts14 Students: complete sections 4–7.

## **1. CHSAA STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION:**

I hereby certify that I have examined \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ and that the student was found physically fit to engage in high school baseball, basketball, cheerleading, cross country, football, golf, gymnastics, ice hockey, skiing, soccer, swimming, tennis, track and field, volleyball and wrestling. ***(Please cross out any sport in which the student should not participate.)***



Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician's signature)

\_\_\_\_\_  
(Type or print name)

Address: \_\_\_\_\_

\_\_\_\_\_

(Valid for 365 days unless rescinded)

After reading the information sheet, I am aware of the following information:

Student/ Athlete Initials	<b><u>2. CONCUSSION WAIVER:</u></b>	Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

## **3. INSURANCE STATEMENT:**

\_\_\_\_\_ I have am covered under a family medical plan or have purchased an accident insurance plan through Manitou Springs High School.

\_\_\_\_\_ I do not have insurance, and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter. Manitou Springs Schools will not be held responsible for any medical bills or debts resulting from any injury to the above named athlete while participating in any practice, scrimmage, contest or event.

#### **4. TRANSPORTATION:**

I have read the transportation section, and I understand that Manitou Springs School District 14 does not provide transportation to and from practice facilities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **5. PARENT OR GUARDIAN PERMIT:**

**WARNING:** Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage, by its nature, participation in interscholastic athletics includes:

A. *Risk of injury, which may range in severity from minor, to long-term catastrophic.* Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and 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 equipment daily.*

**By signing this permission form, we acknowledge that we have read the *Concussion Information Sheet* and understood the above warning. We also acknowledge that we have read and understand the general guidelines for eligibility as outlined in the *CHSAA Competitor's Brochure* (as found on the *CHSAANow.com* website). Parents or students who do not wish to accept the risks described in this warning should not sign this permission form.**

I hereby give my consent for \_\_\_\_\_ to compete in athletics for Manitou Springs Schools in Colorado High School Activities Association-approved sports. I have read the rules stated on the attached pages and agree with of the expectations placed upon my son or daughter.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **6. STUDENT SIGNATURE OF ACCEPTANCE OF THESE POLICIES**

\* I have read the attached activities/athletics code of conduct (revised 5/30/2014) and agree to abide by them:

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **7. ACTIVITY FEE PAYMENT FORM:**

**Manitou Springs School District 14 has established the following Activity Fee structure for grades 6-12:**

- All Interscholastic Athletics in grades 6-12: \$60.00 per sport
- Drama productions, Robotics, & Arts 14 grades 6-12: \$60.00 per activity
- Forensics, Knowledge Bowl, and Student Council grades 6-12: \$30.00 per activity

**In addition, the following limits are established for each student and family:**

- \$120.00 maximum per student per school year.
- \$300.00 maximum per family per school year.
- **Fees will be paid by check or cash: checks made out to: Manitou Springs High School.**

**Payment is due before participation can begin.**

**Refunds:** If a student leaves or is "cut" from an activity within two weeks of the first official practice date of the activity (not including preseason camps), the fee will be refunded.

<b>NAME (S):</b>	<b>GRADE:</b>	<b>Activity:</b>	<b>AMOUNT:</b>