

DOUGLAS COUNTY SCHOOL DISTRICT RE-1  
**INTERSCHOLASTIC PARTICIPANT FORM**

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_  
PARENT/GUARDIAN'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
FATHER'S DAYTIME PHONE: \_\_\_\_\_ MOTHER'S DAYTIME PHONE: \_\_\_\_\_  
*IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:*  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PARENT'S PREFERRED HOSPITAL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAMILY DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION**

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

Student's Birthday: \_\_\_\_\_

Date of physical: \_\_\_\_\_  
(Valid for 365 days unless rescinded)

Signed: \_\_\_\_\_  
Physician (Must be signed by MD, DO, NP, PAC or DC)

**PLEASE PRINT**

PHYSICIAN'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

Registration Fee

The Board of Education has set the registration fee for HIGH SCHOOL athletics at \$100.00 per sport per athlete not to exceed \$375.00 per family per school year. The fee for SEVENTH & EIGHTH grade athletics will be \$50.00 per sport not to exceed \$125.00 per athlete per school year.

Condition for Fee Refund

1. Refunds will be made to athletes who are cut by their coach.
2. If an athlete moves from the school's attendance area or from the District, the fee will be refunded on a prorated basis.
3. Athletes who quit the sport, become academically ineligible or are suspended from participation for disciplinary reasons are not eligible for a refund.

General

The interscholastic programs within the Douglas County School District Re.1 are offered to supplement the goals and objectives of public high school education.

In order to make contribution to the function and purpose of the total educational process, interscholastic activities must have as primary objectives the teaching of wholesome attitudes and disciplines. The programs must teach an appreciation for physical fitness, personal health, loyalty, personal sacrifice, dedication and teamwork.

In order to realize the potential of interscholastic programs, there are physical and mental disciplines which must be practiced.

Academics

Eligibility for competition in interscholastic activities is determined in accordance with the rules and regulations of the Colorado High School Activities Association, The Continental League and the Douglas County School District Re. 1.

**DOUGLAS COUNTY SCHOOLS Re.1 TRAINING RULE CONTRACT**

The Douglas County School District has 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 the rules and regulations, please READ the following, SIGN and RETURN the form to the school.

1. The use or possession of tobacco, drugs, including steroids, or alcoholic beverages in any form will not be tolerated regardless of quantity.
  - a. The first violation will result in one contest suspension for sports with eleven or fewer contests. For sports with more than eleven contests, the sanction will be a two contest suspension. If suspension results in an athlete missing a tournament or a qualified contest required to advance in an individual sport, it shall count as two contests. When drugs or alcohol are involved the athlete must demonstrate evidence of participate in an alcohol or drug treatment program prior to returning to competition.
  - b. A second drug/alcohol violation occurring at any time during a student's attendance in Douglas County Schools will result in possible expulsion from school. A second violation occurring at any time during a student's attendance in Douglas County schools will result in suspension from all interscholastic athletics for one full year from date of the infraction.
  - c. A third violation occurring at any time during a student's attendance in Douglas County Schools will result in suspension from all interscholastic athletics for one full year from the date of the infraction.
  - d. These represent minimum sanctions for violation of this rule. In cases of greater severity, the responsible administrator may increase the sanction up to and including suspension from all interscholastic participation.
    1. Observance of all training rules involving the use or possession of tobacco, alcohol or drugs, including steroids, is a responsibility of the athlete.
    2. Athletes are expected to conduct themselves in a manner representative of the District's Behavior Expectations at all times in the school, the classroom, during athletic contests, and toward opponents, officials and spectators. The use of profane language is not acceptable and will not be tolerated.
    3. District Training Rules will be enforced during the "season of sport" and its "competitive season" including playoffs, in the sport in which the student participates, as defined by CHSAA Constitution and Bylaws.

Athletes who violate this contract may be required to attend all practices, if not suspended from school, but may not dress in team uniforms or compete in any scrimmage or interschool competitions. Refer to Board Policies and procedures JK, JKD/JKE and JKD/JKE-R and JICH/JICH-R.

X \_\_\_\_\_  
Signature of Student Date

AS A PARENT OF \_\_\_\_\_, I have read the above rules and I understand that my son/daughter will be governed by these training rules as an athlete in the Douglas County athletic program.

X \_\_\_\_\_  
Signature of Parent or Guardian Date

**STUDENT AND PARENT OR GUARDIAN ADVISEMENT AND PERMIT**

Colorado High School Activities Association Rules and Regulations state that no pupil shall participate in interscholastic activities until he/she is on file with the appropriate office: (a) a statement signed by his or her parent or legal guardian that he/she has the consent to participate and (b) a statement from a practicing physician certifying that the pupil is physically fit to participate in high school interscholastic activities.

**WARNING:** Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, 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 UNDERSTAND AND, BY THEIR PARTICIPATION, AGREE THAT THEY MUST AND WILL OBEY ALL SAFETY AND TRAINING RULES, FOLLOW DIRECTIVES OF THE COACHES, PROMPTLY REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR OWN EQUIPMENT DAILY. By signing this Permission Form parents and student acknowledge that they have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

We understand that coaches, trainers and team physician may use their own judgment in securing medical aid and ambulance service in cause of an emergency or in mild injuries where parents cannot be reached. Also the team physician, trainer and/or coach may apply first aid treatment until the family physician can be contacted.

I have read the foregoing, acknowledge the "WARNING" above, accept the risks described and agree to abide by the principles and regulations contained therein.

X \_\_\_\_\_  
Signature of Student Date

I/We have read the foregoing, acknowledge the "WARNING" above, accept the risks described and hereby give consent for the above named student to participate in interscholastic athletics within the Douglas County School District Re. 1 in the following Colorado High School Activities Association approved sports except those crossed out: Baseball, basketball, cross country, football, golf, gymnastics, soccer, swimming, tennis, track and field, volleyball and wrestling. Consent includes spirit teams, managing and training unless crossed out.

X \_\_\_\_\_  
Signature of Parent or Guardian Date

**INTERSCHOLASTIC ACTIVITIES INSURANCE WAIVER**

I fully understand the Douglas County School District Re. 1 does not provide accident, health or life insurance coverage for the above named student while he/she is participation in the activities associated with interscholastic sports. I/We further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian

**STUDENT PICK UP POLICY AND AGREEMENT**

Parents are responsible for picking up their student within 15 minutes after the conclusion of his/her game or practice. There will be no supervision of students not picked up in compliance with this rule, and parents assume all responsibility for their student. Douglas County School District assumes no liability and has no responsibility for students not picked up within 15 minutes of the conclusion of the game or practice.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Student

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian