

PALMER High School Athletic Participation Form

Sport _____ fall winter spring

Last Name _____ First Name _____ Middle Init. _____ Male Female Age _____ Birth date _____ Grade _____
 Physician _____ Phone _____
 Student Address _____ Zip _____ Phone number _____ Hospital Preference _____
 Name and address of Parent or Legal Guardian with whom you live _____ Emergency Number if not at home or work: _____
 _____ Chronic Ailments _____
 _____ Date you first attended *any* high school _____
 Date you started at Palmer High School _____
 List any **high** schools besides Palmer you attended and dates: _____
 Did you participate in sports in your previous school? _____ If Yes what sports? _____

COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

Initial physical examination
 Medical Re-evaluation

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

Date _____ (valid for 365 days unless rescinded.) Signed _____
 _____ Physician (must be signed by a physician)



Warning: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous 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 programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.** By signing this form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give my consent for _____ to compete in athletics for PALMER HS, in Colorado High School Activities Association approved sports except those crossed out: Baseball, basketball, cheerleading, cross country, football, golf, gymnastics, softball, swimming, tennis, track and field, wrestling, volleyball, soccer, ice hockey. In consideration of my son's/daughter's opportunity to participate in interscholastic activities, I 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 his/her 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. **I have also read and understand the District 11 Athletic Handbook.**

Date _____ Parent or Guardian signature _____

Date _____ Student signature _____

SCHOOL DISTRICT 11 ATHLETIC/ACTIVITY INSURANCE WAIVER

This statement releases the District No. 11 schools of responsibility in case of accident to my son/daughter while he/she is participating in interscholastic activities. I fully understand that the District No. 11 schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However, such insurance is made available by the school district 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: _____
 --Or-- parent/ guardian signature _____ date _____
2. I am purchasing student accident insurance for my son/daughter through the authorized agent approved by the Board of Education of School District 11: _____
 Parent/ Guardian Signature _____ date _____

Office Use ONLY Fees: _____ Date Paid _____ check # _____ Cash _____ taken by: _____
 Schedule _____ Transcript _____ Semesters _____ out of district _____ home-school _____
 white-coach yellow- Ath. Dir pink - office