

BOTH SIDES OF THIS FORM MUST BE COMPLETED

WASSON HIGH SCHOOL ATHLETIC PARTICIPATION FORM

PERSONAL INFORMATION

Last name	First Name	Sport	Grade
Address	City	State	Zip
Birth Date	Year you started 9th grade	School attended last semester	
Parent or Guardian's Name	Home #	Work #	
Email Address	Cell #		

PHYSICIAN INFORMATION (Signature Required)



**COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION
Statement by Physician for Athletic Participation**

<input type="checkbox"/>	Initial Physical examination
<input type="checkbox"/>	Medical Re-evaluation

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

Date (valid for 365 days unless rescinded.)

Physician Signature

STATEMENT OF ASSUMED RISK INFORMATION (Signature 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 school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-LASTING 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 understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give my consent for the above named student 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, cheer, cross county, football, golf, gymnastics, softball, tennis, swimming, track and field, wrestling, volleyball, soccer, ice hockey, and lacrosse. In consideration of my son's/daughter's opportunity to participate in interscholastic activities, hereby consent to emergency 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 and liability of Colorado Springs School District 11, any of its agents or employees, arising out of such medical treatment.

I HAVE ALSO READ AND UNDERSTAND THE COLORADO SPRINGS SCHOOL DISTRICT 11 ATHLETIC HANDBOOK WHICH CAN BE FOUND AT: [HTTP://WWW.D11.ORG/ATHLETICS/](http://www.d11.org/athletics/) (Hard copies available upon request)

Date

Parent's or Guardian's Signature

Date

Student's Signature

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INSURANCE RELEASE (Signature Required)

COLORADO SPRINGS SCHOOL DISTRICT 11 ATHLETIC / ACTIVITY INSURANCE WAIVER

This statement releases 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 the 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's or Guardian's 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 School District 11: _____
Parent's or Guardian's Signature **Date**

PHOTO RELEASE (Signature Required)

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

Parent or Guardian Signature **Date**

FEE SCALE AND REQUIREMENTS

The full fee will be collected until proof of free or reduced lunch is submitted.

***The parent/guardian is responsible to provide proof of the student's qualification for "Free" or "Reduced" lunch program. A copy of the current school years National School Lunch Program approval letter from D11 Food Service must be brought to the business office at the same time of the sports registration. Call 520-2924 if you need a copy of your letter.

The letter must be submitted each school year and **the business office does not have access to this confidential information.**

Full Fee	\$65
Reduced Lunch ***	\$30
Free Lunch ***	\$22
Family Maximum	\$175 (within the same school)
3 rd Sport this year	\$30
2 nd Sport SAME SEASON	\$30

OFFICE USE ONLY		
Obligation(s)		
Fall Sports Fee Due	Payment Today	Balance Due
\$ _____	\$ _____	\$ _____
Winter Sports Fee Due	Payment Today	Balance Due
\$ _____	\$ _____	\$ _____
Spring Sports Fee Due	Payment Today	Balance Due
\$ _____	\$ _____	\$ _____

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