



COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION
STATEMENT BY PHYSICIAN AND PARENT FOR ATHLETIC PARTICIPATION

- Initial physical examination
- Medical Re-evaluation

PLEASE PRINT:

Student's Name _____ Address _____ Telephone No. _____

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.
(Please cross out any sport in which the student should not participate.)

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(Valid for 365 days unless rescinded.)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

PARENT OR GUARDIAN PERMIT

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 _____ high school, in Colorado High School Activities Association Approved Sports except those crossed out below. Baseball, basketball, cross country, football, golf, gymnastics, softball, swimming, tennis, track and field, wrestling, volleyball, soccer, ice hockey.

Date _____ Parent's or Guardian's Signature _____

Date _____ Student's Signature _____

Note: This statement should be on file in the principal's office for every student participating in inter-school athletic competition.

Form No. 88414
50/Pkg.
Revised 12/98

PLEASE COMPLETE INFORMATION ON OTHER SIDE

SUMMARY INFORMATION FOR PHYSICIANS

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his/her parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year; that in the opinion of the examining physician, physician's assistant, or nurse practitioner, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parent or legal guardian to participate.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of major injury if more than five years have elapsed since the last booster.

If significant intervening illness and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician's assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School, etc.

PHYSICIANS SIGNATURE REQUIRED ON FRONT

SCHOOL DISTRICT NO. 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: _____
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 School District No. 11: _____
Signature Date