

COLORADO SPRINGS SCHOOL D-11 PARTICIPATION FORM

BOTH SIDES OF THIS FORM MUST BE COMPLETED

Expires: _____

(NOTE: Submit ONE Yellow Participation Form per year / Need NEW emergency card for EACH SPORT)
(FOR HIGH SCHOOLS ONLY)

PERSONAL INFORMATION

SPORT(S): _____
(HIGH SCHOOL USE ONLY)

School Yr: _____

Last name (PLEASE PRINT) _____ First Name _____ Student ID _____ Grade _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ M _____ F _____ Year started 9th grade _____ School attended last semester _____
(ONLY FOR HIGH SCHOOL)

Parent or Guardian's Name (PLEASE PRINT) _____ Home # _____ Work # _____

Parent Email Address _____ Parent Cell # _____

PHYSICIAN INFORMATION

(Signature Required)



COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION
Statement by Physician for Athletic Participation

Initial Physical examination
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 the following sports: 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Date (valid for 365 days unless rescinded.) _____ (PRINT) Physician Name _____ Physician SIGNATURE _____

INSURANCE RELEASE

(Signature Required - line #1 or #2)

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 or Guardian 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 or Guardian Signature _____ Date _____

PHOTO RELEASE

(Signature Required - if permission ok)

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 _____