

# Jenkins Athletic Packet

## Sports Schedules & Information

**\*\*Please read before completing\*\***

**If your student is interested in participating in any of the sports listed below, please follow these instructions so your student does not miss out!! Athletic Packet can also be found on Jenkins's website under Athletics.**

**Students must submit the following items to the Business Office to tryout or participate:**

- 1. Submit one CSSD11 Physical and Participation Form per year.**
  - a. Both sides of form must be complete
  - b. Physician Information-Physician signature required \*\*  
**\*\*If Physician signature is not available on D11 Participation/Athletic form. Acceptable statement from doctor must include 1. Students name 2. Date of physical 3. Statement that student is cleared to participate in sports 4. Physician's name and signature.**
  - c. Insurance Release-parent/guardian signature required
  - d. Photo Release-parent/guardian signature required
  - e. Statement of Eligibility-parent/guardian and student signatures required
- 2. Emergency Information Card- to be completed by parent/guardian per sport.**
- 3. Jenkins Athletic Eligibility Policy – signed by parent/guardian and athlete-per school year.**
- 4. Submit via email to [brenda.voorhees@d11.org](mailto:brenda.voorhees@d11.org) or fax to 719-266-5276 or submit in person at the Business Office. **PLEASE REVIEW PRIOR TO SUBMITTING TO MAKE SURE FORMS HAVE ALL NEEDED SIGNATURES.**  
**\*\*Incomplete forms will be returned.\*\*****

### **Helpful Hints:**

- Athletes must have participated in (5) practices, prior to the first competition or scrimmage to compete.
- Schedule physicals during the summer while Doctor's offices are **NOT** busy.

### **Interscholastic Sports Schedule**

**Football: August 1, 2022 to October 4, 2022, District 11 and Colorado Springs Park and Recreation Department. Must register/pay with CS Park and Recreation for football only. 719.385.5981 [www.coloradosprings.gov/Youth-Sports](http://www.coloradosprings.gov/Youth-Sports)**

**Girls' Track: August 22, 2022 to October 1, 2022**

**Wrestling: September 19, 2022 to November 5, 2022**

**Girls' Basketball: Tryouts Begin: October 19, 2022 to December 17, 2022**

**Boys' Basketball: Tryouts Begin: January 5, 2023 to February 25, 2023**

**Girls' Volleyball: Tryouts Begin: February 27, 2023 to April 29, 2023**

**Boys' Track: April 3, 2023, to May 13, 2023**

**Sports Fees:** This fee is required per sport. Football Excluded.

Regular: \$50.00 3<sup>rd</sup> Sport in Year: \$25.00

Reduced Lunch: \$33.00 3<sup>rd</sup> Sport in Year: \$17.00

Free Lunch: \$17.00 3<sup>rd</sup> Sport in Year: \$9.00

Maximum per family: \$200.00

\*\*\*The full fee will be collected until proof of free or reduced lunch is submitted. \*\*\* A current letter must be submitted each school year.

### **Hybrid Sports Schedule**

**\*\*See attached Hybrid Sports Schedule for teams available, dates, and fees.\*\***

**Above schedules can change please follow Jenkins's website for updates or announcements.**

**Business Office # 328.5320; Fax 719.266.5276**



## 2022-2023 MIDDLE SCHOOL HYBRID SPORTS SCHEDULE (SIXTH, SEVENTH, AND EIGHTH GRADES)

Hybrid sports are a cross between an Intramural and Interscholastic. Games meets and matches may be off site where transportation will be required.

### Sports Physicals are required

*District team is open to all schools*

*School Teams are open to students who attend that school or other D11 schools that do not have a program at their school.*

#### **Boys Golf - District Team**

**August 30 - September 29**

Practice and match play at Patty Jewett Golf Course  
First Practice August 30  
Practice 1-2 times per week (putting green and driving range)  
Matches: 1-2 per week, September 5th - September 29th  
\$50 fee pays for greens fees

#### **Girls Softball - School Teams**

**August 29 - September 29**

First practice August 29  
Practice 1-2 times per week  
Games on September 8, 15, 22, 29  
\$15 fee

#### **Boys and Girls Cross Country - School Teams**

**September 26 - October 25**

First Practice September 26  
Practice 1-2 time per week  
Meets on October 4, 11, 18, 25  
\$10 fee

#### **Boys and Girls Volleyball - School Teams**

**March 13 - April 29**

(for girls who do not make A or B squad)  
First practice the week of March 13  
Practice 1-2 times per week  
Matches on Saturdays, April 8, 15, 22, 29  
\$25 fee for Tshirt and officiating

#### **Boys and Girls Soccer - School Teams**

**April 3 - May 11**

First Practice April 3  
Practice 1-2 times per week  
Games on April 20, 27, May 4, 11  
\$20 fee for uniform

#### **Girls Golf District Team**

**March 20 - April 28**

Practice and match play at Patty Jewett Golf Course  
First Practice March 20  
Practice 1-2 times per week (putting green and driving range)  
Matches: 1-2 per week, April 3 - April 28  
\$50 fee pays for greens fees



Colorado Springs School District 11 Physical and Participation Form

Expires: School Year:

NOTE: Submit only ONE Physical & Participation Form per year / New Emergency Card required for each sport season.

PERSONAL INFORMATION

Sport(s): (High School Use Only)

Last Name (PLEASE PRINT) First Name Middle Initial Student ID Grade

Address City State Zip Date of Birth Gender

Parent/Guardian Name (PLEASE PRINT) Year Started 9th Grade (HS ONLY) School Attended Last Semester

Parent/Guardian Email Address Cell Number Home Number Work Number

PHYSICIAN INFORMATION - SIGNATURE REQUIRED

Colorado High School Activities Association - Statement by Physician for Athletic Participation Initial Physical Exam 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, cross country, football, golf, gymnastics, ice hockey, lacrosse, soccer, softball, spirit/cheer/dance, swimming & diving, tennis, track & field, volleyball, wrestling.

Date (Valid for 365 days unless rescinded) Physician Name (PRINT) Physician Signature

INSURANCE RELEASE - SIGNATURE REQUIRED - Line #1 or Line #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 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/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 District 11:

Parent/Guardian Signature Date

PHOTO RELEASE - SIGNATURE REQUIRED - if permission granted.

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

Parent/Guardian Signature Date

# FEE SCALE & 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 CSSD11 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. A current letter must be submitted each school year.

**Please Note: School business office does not have access to this confidential information.**

**\*\*Free and Reduced Approval Letter must be provided at the time of payment.**

**Full Fee = \$50      \*\*Reduced Lunch = \$33      \*\* Free Lunch = \$17**

**NO DISTRICT FEE FOR FOOTBALL-PAY FOOTBALL FEE DIRECTLY TO PARK AND REC**

## **STATEMENT OF ELIGIBILITY AND ASSUMED RISKS GUIDELINES – SIGNATURES 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 the interscholastic athletics includes a risk of injury which may range in severity from minor to long-lasting catastrophic and may contract an infectious disease/virus. Although serious injuries are not common in supervised school programs, it is impossible to eliminate risk. Participants can and have the responsibility to help reduce the chance of injury as well as contracting infectious diseases/viruses. Players must obey all rules, report all physical problems to their coaches, follow a proper conditioning program, inspect their equipment daily, as well as staying at home when not feeling well. By signing this form, we acknowledge that we have read and understand this warning.

No student shall represent his/her school in interscholastic athletics until this statement is on file and signed by his/her parent/legal guardian and a physical form certifying that he/she has passed an adequate physical examination within one year, noting that in the opinion of the examining physician, physician's assistance, nurse practitioner, or certified/registered chiropractor, is physically fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian to participate; and the parents and participant have received a Concussion Fact Sheet and have read, understand and agree to the "The CSSD11 Athletic Handbook" found at [www.D11.org/athletics](http://www.D11.org/athletics) and CHSAA guidelines for eligibility found in "The CHSAA Competitors Brochure" found at [www.chsaanow.com](http://www.chsaanow.com).

I hereby give my consent for the student mentioned on this form 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, cross country, football, golf, gymnastics, ice hockey, lacrosse, soccer, softball, spirit/cheer/dance, swimming & diving, tennis, track & field, volleyball, wrestling. In consideration of my son's/daughter's opportunity to participate in interscholastic activities, hereby consent to emergency treatment, hospitalization or 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.

**PARENT OR GUARDIAN AND STUDENT WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THE WARNING ABOVE; ELIGIBILITY GUIDELINES; INSURANCE OR PHOTO RELEASE AND PAYMENT AGREEMENT SHOULD NOT SIGN THIS FORM.**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Student Signature Date

### **FOR OFFICE USE ONLY – High School Use Only**

F/L Letter? \_\_\_\_\_

Obligation CK	Fall Sports Fee	Sport	Type Payment	Date
_____	_____	_____	_____	_____
Obligation CK	Winter Sports Fee	Sport	Type Payment	Date
_____	_____	_____	_____	_____
Obligation CK	Spring Sports Fee	Sport	Type Payment	Date
_____	_____	_____	_____	_____

## Jenkins Athletic Eligibility Policy

**READ AND SIGN**– Must be on file in athletic office before a student can compete.

At Jenkins Middle School, academic success and character are our priority. Students who choose to participate in our athletic program must perform at acceptable academic levels and honor our student code of conduct to compete. Athletes will need to meet three levels of eligibility to participate at games or matches. Students who fail to maintain their grades or exhibit repetitive or significant behavior concerns may be held from play. It is the responsibility of every athlete to monitor their grades throughout the season.

**WEEKLY ELIGIBILITY** is checked every Monday. Students are considered ineligible if they have; two or more classes with grades lower than a C, or any failing grade. Students are given until the end of the school day on Wednesday to submit a correction form, signed by their teacher, if they wish to be removed from the ineligible list. Any student who fails to complete a Corrections Form on time, remains ineligible and will be held out of competition Monday through Sunday the following week. The Athletic Director may extend this deadline to accommodate non-student days at his/her discretion. This may impact more than one competition. If a student's grade improves but they fail to submit a correction form, they will remain ineligible. A form must be submitted on time, with a teacher's signature to be reinstated as eligibility. No exceptions will be made. Each Monday grades will be checked again and a new list is created for the upcoming week of play.

**QUARTERLY ELIGIBILITY** is determined by the end of quarter grades. A grade "D" = 1 point and an "F" = 2 points. If a student completes the quarter with four or more points due to low grades they will not be eligible to try out or participate on teams the following quarter. Points from 4th quarter in the spring impact eligibility for fall sports of the next academic year. Transfer grades from a student's previous school will be taken into account. Quarterly Eligibility is reassessed at the end of each quarter. Jenkins is not responsible to refund fees collected by Park and Rec. for students removed due to quarterly eligibility.

**BEHAVIORAL ELIGIBILITY** is determined by the Athletic Director and Building Principal. Our athletes are expected to represent Jenkins Middle School with respect and dignity on and off the field/court. Athletes who fail to follow our student code of conduct place themselves at risk of disciplinary action, which can include being placed on the ineligible list or removal from an athletic program. Students who are removed for disciplinary action are not eligible for fee refunds. Students who are declared ineligible for behavioral reasons may be pulled from participation for a single event up to the remainder of the school year.

I have read and agree to the terms of the Jenkins Athletic Eligibility Policy:

Student (Print First and Last Name): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent (Print First and Last Name): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

SCHOOL DISTRICT #11  
EMERGENCY INFORMATION CARD

To Be Completed  
per Sport!

PLAYER'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S OR  
GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

EMERGENCY NUMBER IF NOT AT HOME OR WORK: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

(OVER: Please sign emergency treatment statement.)

Form no. 88546  
100/Pkg.

CONSENT FOR EMERGENCY TREATMENT FOR  
INTERSCHOLASTIC ACTIVITY INJURIES

I, \_\_\_\_\_, parent or guardian of  
\_\_\_\_\_ in consideration of my  
\_\_\_\_\_ opportunity to participate in  
interscholastic activities, 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.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE OF PARENT OR  
GUARDIAN