



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Date (Valid for 365 days unless rescinded) Physician Name (PRINT) Physician Signature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 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 CSSD11 Food Service must be brought to the school's business office at the same time of the sports registration. Call 719-520-2924 if you need a copy of your letter. A current letter must be submitted each year. **The school's business office does not have access to this confidential information.**

Full Fee	\$82.00	(Exceptions: Golf - \$100.00, Ice Hockey - \$200.00, Lacrosse - \$200.00)
Reduced Fee	\$55.00	(Exceptions: Golf - \$67.00, Ice Hockey - \$134.00, Lacrosse - \$134.00)
Free Fee	\$27.00	(Exceptions: Golf - \$33.00, Ice Hockey - \$66.00, Lacrosse - \$66.00)
Non-District Student	\$123.00	(Exceptions: Golf - \$150.00, Ice Hockey - \$300.00, Lacrosse - \$300.00)
Family Max	\$250.00	(within the same school – excludes Golf, Ice Hockey, Lacrosse)
3 rd Sport Same Year	\$41.00 / \$27.50 / \$13.50	
2 nd Sport SAME SEASON		(Check with business office for fee amount. Fee will be determined by which sports competing in.)

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 and CHSAA guidelines for eligibility found in "The CHSAA Competitors Brochure" found at 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
_____	_____	_____	_____	_____