

CHEYENNE WELLS HIGH SCHOOL ATHLETIC PARTICIPATION FORM

Name _____ Address _____
Date of Birth _____ Sex _____ Age _____ Grade _____
Home Phone _____ Cell Phone _____
Sports (s) _____

PARENT/GUARDIAN PERMISSION TO PARTICIPATE AND TRAVEL:

I hereby give my consent for the above-named student to (1) represent his/her school in athletic activities except those limitations noted on the physical examination providing that such athletic activities are approved by the State Association and (2) accompany any school team on its behalf responsible for any injury occurring to the above named student in the course of school athletic activities or such travel.

By School board policy all prospective athletes must have insurance which will cover possible injuries. Please give the following information:

Insurance Company _____ Policy# _____

_____ I desire school insurance for my student. Information and forms are available at the school.

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL ACCIDENTS may occur.

- Many forms of athletic competition result in physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.
- Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choices of risk, athletic participation cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.
- By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.
- By choosing to participate, you, the student, acknowledge that such risk exists.
- Students will be instructed in proper techniques to be used in athletic competition and in the utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.
- As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.
- If any of the forgoing is not completely understood, please contact your school principal for further information.

CHEYENNE COUNTY SCHOOL DISTRICT RE-5
EXTRA-CURRICULAR PARTICIPATION GUIDELINES
(Revised August 2007)

Participation in extra-curricular activities is a privilege – not a right!

It is the expectation of Cheyenne County School District Re-5 that Tiger students conduct themselves as ladies and gentlemen, displaying the best sportsmanship, and giving maximum effort in all events in which they participate. Above all they must demonstrate pride in themselves and in their school.

Extra-curricular rules:

These rules are for the benefit of individual participants, their teams, and the Cheyenne County Re-5 school community. **INDIVIDUALS WHO MAKE THE DECISION TO PARTICIPATE MUST ALSO DECIDE TO MAKE A PERSONAL COMMITMENT TO ABIDE BY THESE RULES.** The most effective results of these rules come about when the students make a commitment to impose them on themselves. This allows the student to realize that their achievements are the result of personal effort and desire.

The following rules apply to all students, male and female, who are members of any team or club which represents Cheyenne Wells High School. These rules are in force starting on the first day of fall practice/activities and carry through to the last day of spring activity participation. Summer infractions are exempt unless they occur during a school function or on school grounds. If the penalty for a violation carries over to the next school year the violator may participate in most summer activities unless it is a competition where they are representing the school.

The sanctioned extra-curricular activities at Cheyenne Wells High School include: **Football, Golf, Volleyball, Softball, Basketball, Wrestling, Baseball, Track, Cheerleading, Tigerettes, National Honor Society, Science Club, FFA, FBLA, Honor Band, Honor Choir, Happy Liver Club, and Student Council.** This policy will automatically cover any new clubs or activities that are sponsored by Cheyenne Wells High School.

Most activities at Cheyenne Wells High School are sanctioned by the Colorado High School Activities Association. All participants are subject to the specific requirements of the constitution of this association. The student must meet all state activity association eligibility rules on a weekly and semester basis. **Students who are ineligible for competition either due to academics, or a violation of the extra-curricular participation guidelines, are expected to attend all scheduled practices and remain a member in good standing with the coach/sponsor of the activity they are participating in.** All participants are expected to represent the school's ideals in matters of conduct, sportsmanship, and citizenship, as set forth by the coach and/or the school principal.

The Use and/or possession of Alcohol/Illegal Drugs shall be prohibited!

A violation of the extra-curricular policy will be determined by:

- A signed statement by school personnel.
- A signed confession by the student, after parent contact.
- The issue of an MIP/MIC/DUI.

Each student who is found to be in violation of this policy will be subject to the following actions:

First Violation: (during the time a student attends Cheyenne Wells High School)

Persons will serve a 12 week suspension from competition in all athletic activities and participation in other extra-curricular activities where a grade is not given for that participation.

Once the appeal has been heard the Principal will notify the student in writing the decision of the committee. This notification must be done within 3 days from the date of the hearing.

Step 2. If the student disagrees with the decision made by the hearing committee they can appeal that decision to the superintendent of schools. If the student disagrees with the decision of the superintendent, they may request a meeting with the Board of Education to present their case within 2 days of receipt of the superintendent's decision.

A student may quit a sports team and join another one providing that he/she does so prior to the first official contest of the season for both teams. If the student quits after this time they must wait until the season is over before joining another team. *This rule may be waived by the principal if a medical reason exists.*

Any student who is absent from school is prohibited from participating in activities that day unless the absence has been *previously* approved by the high school office. If extenuating circumstances exist the Principal may wave this rule.

Students are under the direction and control of the coach/sponsor on all trips, and shall make the trip in the school transportation that is provided. Upon a written request from their parents a student will be allowed to ride with them home from the activity. If there are extenuating circumstances the student or their parents must contact the principal for a decision.

Violation of district rules or policies, team rules, the terms of this policy, applicable laws, or standards promulgated by the CHSAA or other organizations which sponsor or regulate extra-curricular activities may result in suspension from participation or other consequences as determined by the school administration.

Lettering Policy:

All lettering criteria are subject to the discretion of the individual coaches. **Any student who is found to have violated the alcohol/drugs/tobacco policy stated in this document shall not be awarded a letter in the sport they were participating in at the time of the violation.**

Senior Athlete Award:

A senior athlete award will be given out to one senior boy and one senior girl each year. A point system developed by the coaching staff will be used to determine the winners. In addition to that system the following criteria must be met.

- The athlete must have competed in at least two sports for all four years of his/her high school career.
- The athlete was never dismissed from or quit any sports team during the four years of his/her high school career.

Check out & return of Athletic Equipment:

Every student who participates in a school activity and has checked out equipment from the school acknowledges that they are responsible for the safe keeping of that equipment. If any equipment is not returned in the expected condition at the end of the activity they may be required to pay for the value of that item. No student may start another activity until all of the equipment from the previous activity has been returned or compensated for the loss or damage.

We have read these extra-curricular guidelines and are aware of the contents. We agree to abide by the stated rules within this policy.

Student

Parent

Date

Revised August 1, 2007



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date _____ Exp. Date (good for 365 days) _____

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in 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 INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.** By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for _____ to compete in athletics for _____ High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the *Competitor's Brochure*.

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the *Competitor's Brochure*.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his 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, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents 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 injury if more than five years have elapsed since the last booster.

If significant intervening illnesses 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 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.

PHYSICIAN SIGNATURE REQUIRED ON BACK

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

PART II -- MEDICAL HISTORY

MEDICAL HISTORY OF STUDENT & FAMILY		YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY		YES	NO
1.	Has a doctor ever advised or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	32.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently taking any prescription or non-prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have allergies to medicines, poisons, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Date of last head injury or concussion:		
5.	Do you have prescriptions for use of epinephrine, adrenaline, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36.	Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37.	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	42.	When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	44.	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does anyone in your family have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Has any family member or relative died of heart disease (this does not include accidental death)?	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	47.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	48.	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	49.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Has anyone ever had an injury, like a sprain, muscle strain, or fracture that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	50.	Do you limit or control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	51.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	52.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	53.	What is the date of your last Tetanus immunization? Date: _____		
23.	Have you ever had a history of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY			
24.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	54.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	55.	Age when you had your first menstrual period?		
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	56.	How many periods have you had in the last 12 months?		
27.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	57.	Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here:			
29.	Have you ever been without or are you missing a kidney?	<input type="checkbox"/>	<input type="checkbox"/>				
30.	Have you used testosterone or any other drugs (anabolic) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>				
31.	Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>				

Parent/Guardian Signature: _____

Athlete's Signature: _____

PART III -- PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____

*Trainer Stage or Maturation Index? (males only): _____ BP: _____

*Percent Body Fat: _____ * (Exercise)

*Audiotape: _____ * (Recovery)

*Vision: Corrected (L) _____ (R) _____ (Both) _____ * (Recovery)

Uncorrected (L) _____ (R) _____ (Both) _____

	N	Abnormal	N	Abnormal
Eyes				
Ears		Cervical Spine/neck		
Nose		Back		
Throat		Shoulders		
Teeth		Arm/elbow/wrist/hand		
Lymphatic		Knees/hips		
Lungs		Ankle/feet		
Heart		Marfan Screen		
Peripheral pulses		*Urine		
Abdomen		*Hemoglobin or HCT and or Iron stores		
Genitalia/hemla (male only)		*Echocardiogram		
		*Neurologic Testing		
		*Pelvic Examination		

***WHEN MEDICALLY INDICATED**
(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS
(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

CLEARED WITHOUT RESTRICTIONS

Cleared AFTER further evaluation or treatment for: _____

Cleared for Limited participation (check and explain "reason" for all that apply):

Not cleared for (specific sports): _____

Cleared only for (specific sports): _____

Reason(s): _____

NOT CLEARED FOR PARTICIPATION: _____

Reason(s): _____

Other Recommendations: _____

Recommend monitoring during early conditioning because of weight/fitness/other

Recommend restrictions or monitoring of weight loss or gain

Other: Reason(s): _____

MD/DO, PA, NP, DE-SPC#, Signature: _____ Date Signed: _____

Date of Examination: _____

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print): _____

Address: _____

City: _____ State: _____ Zip: _____