

# Lincoln Academy Charter School Athletic Participation Form

Name of Athlete: \_\_\_\_\_ Grade \_\_\_\_\_

Print Parent/Guardian Name(s) \_\_\_\_\_

Phone numbers (all) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Initial each sport you will allow your child to play:

\_\_\_\_\_ Basketball \_\_\_\_\_ Soccer \_\_\_\_\_ Volleyball

IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, THE COACH WILL USE HIS/HER BEST JUDGEMENT TO PROTECT AND ASSIST THE INJURED ATHLETE IN ACCORDANCE WITH THE FOLLOWING POLICIES: **A.** Caring for the athlete. **B.** Notifying the athlete's parents or guardian, or if these cannot be reached, for following the directions given on the athlete's emergency card. **C.** In extreme cases, getting the athlete under professional care with or without family permission. **D.** In cases of a need for emergency rescue aid a coach should call 911. **E.** Complete an accident report.

## Consent for Participation in the Athletic Program and for Medical Treatment and Procedures

I have read and understand the information in this form and I hereby give consent for my child to participate in the school's athletic program and to receive any necessary health care treatment, including first aid, diagnostic procedures and medical treatment, which may be provided by treating physicians, nurses and other healthcare providers. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary treatment.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature

## JEFFERSON COUNTY PUBLIC SCHOOLS PARENT PERMISSION FOR ATHLETIC PARTICIPATION 2011-2012

1. Before an athlete is permitted to participate in the Jefferson County athletic program this permission form must be signed for each sport and on file with the school.
2. The School District is relieved of any or all liability for accidents or injuries connected in any way with the competitive athletic program.
3. It is the responsibility of the parent or guardian to provide insurance protection for the athlete while participating in competitive athletics.
4. The School District makes available student insurance plans which offer coverage for any accident or injury resulting from participation in competitive athletics. This plan is available at your local school. (Check with your school athletics director.)

**NOTE:** Although participation in supervised school athletic and activities programs are among the least hazardous events in which any student will engage, either in or out of school, the very nature of these school athletic and activities programs does create potential for injury. Parents should be aware that the chance of injury is present while students are participating in school activities and athletics and should understand this includes a risk of injury which may range in severity from minor, to long term catastrophic, up to and including death. Those parents who do not wish to expose their students to this possibility should not sign this permission form.

## JEFFERSON COUNTY SCHOOLS PARTICIPATION CONTRACT

The Jefferson County Schools have established certain rules by which the young men and women who participate in the interscholastic programs are required to abide. To eliminate any misunderstanding about these rules, please READ the following carefully:

1. The use or possession of tobacco, drugs, including steroids, drug paraphernalia, or alcoholic beverages in any form will not be tolerated, regardless of quantity.
2. The following represent behavior expectations to be followed by the participant.
  - a. Participants are expected to conduct themselves in a commendable manner at all times in the school, the classroom, during interscholastic activities, and toward opponents, officials and spectators. The use of profane language is not acceptable and will not be tolerated.
  - b. There will be "zero tolerance" for assault upon, hazing, disorderly conduct toward, harassment of, intimidation of, discrimination against or any criminal offense against another student or damage of property of another student.
  - c. Any behavior, on or off school property, which is detrimental to the welfare or safety of others will not be permitted.

Additional References: Board Policy and Procedure JICH/JICH-R, JBC, JBB, JKDA/JKEA and the Student Conduct Code Book.

We have read the above rules and regulations and understand students will be governed by this contract while participating in the Jefferson County interscholastic programs.

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

\_\_\_\_\_  
Student/Athlete Grade Date

Note: If any changes in the above information occur, a new card must be completed by the parent or guardian as soon as possible.

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## ATHLETIC INSURANCE WAIVER

**NOTE:** I fully understand that the Jefferson County schools do not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic athletics. I fully understand that it is my responsibility to provide insurance coverage for my son/daughter.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

## STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in baseball, basketball, cheers/pom poms, cross country, field hockey, football, golf, gymnastics, ice hockey, lacrosse, skiing, soccer, softball, swimming, tennis, track, volleyball, and wrestling. (Please cross out any sport in which the student should **not** participate.)

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(Valid 365 days unless rescinded) Physician, Physicians Asst. or Nurse Practitioner

## SUMMARY INFORMATION FOR PHYSICIAN

Rule 1, Section 9, Page 32

No pupil shall represent his/her school in inter-school athletics until there is a statement signed by his parents or legal guardian and a practicing physician certifying that he/she has passed an adequate physical examination within the past year: that in the opinion of the examining physician he/she is physically fit to participate in athletics; and that he/she has the consent of his/her parents or legal guardian to participate on file with the superintendent or principal.

**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 ten 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 illnesses and/or injuries have occurred, a more complete physical examination should be conducted. A practicing physician must sign the physical examination form.

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

For the 2011-2012 School Year

Note: If any changes in the above information occur, a new card must be completed by the parent or guardian as soon as possible.

## STUDENT PASSENGER OF PRIVATE VEHICLE TRANSPORTATION

I am aware that my student may be riding to practice and/or scheduled athletic/activities with an adult who has a valid driver's license and is operating an auto which is insured and in good working condition.

\_\_\_\_\_ My son/daughter has permission to ride with an authorized driver.

\_\_\_\_\_ My son/daughter does not have permission to ride with an authorized driver.

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

\_\_\_\_\_  
Date

## DRIVER SPECIFICATIONS FOR PARENTS/STAFF DRIVERS

(Reference JJH-E-3)

This authorization is for driving student participants to practices or scheduled athletic events or activities by private vehicle. **(The district does not insure privately owned vehicles.)** Any licensed driver may be authorized to drive participating students to scheduled school activities provided the conditions outlined below are met:

1. The vehicle being driven will be in good working condition.
2. All students must wear seat belts.
3. The vehicle has liability insurance coverage which meets the minimum standards of the Colorado Financial Responsibility Law.
5. The number of passengers carried shall not exceed the capacity of the vehicle and the state mandated laws.

The insurance company providing coverage for my vehicle is:

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy #

I verify that the conditions outlined will be met by the vehicle used on this student travel experience.

\_\_\_\_\_  
Driver's Signature and License Number

\_\_\_\_\_  
Driver's Signature and License Number