

CMHS 2020-2021 ATHLETIC PARTICIPATION (Please print legibly)

NOTE: Incomplete registration will prohibit student participation in CMHS interscholastic athletics. ALL ITEMS BELOW MUST BE SUBMITTED TOGETHER IN THE ATHLETIC OFFICE 2 BUSINESS DAYS PRIOR TO OFFICIAL SEASON START DATES (SEE 2020-2021 CMHS ATHLETIC HANDBOOK).

1. 2020-2021 COMPLETED CMHS ATHLETIC PARTICIPATION FORM (to include ALL REQUIRED SIGNATURES)
2. CURRENT PHYSICAL CONFIRMATION by licensed MD or DO (on page two of this form) **WHICH WILL NOT BE ACCEPTED IF PHYSICAL EXPIRATION DATE TAKES PLACE PRIOR TO SEASON END.**
3. USER FEE for sport chosen (Checks will not be deposited until AFTER teams are chosen.)

LIST SPORT OF PARTICIPATION: _____ Date of Current Physical: _____

Fall: _____ Winter: _____ Spring: _____

Name: _____ M / F Date of Birth: _____ Grade: _____

School Attended Last Year: _____ Sports Played At Previous School: _____

Parent Guardian Names: _____

Parent Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Student health history/concerns (allergies, asthma, previous concussions, diabetes, etc): _____

***I have read the 2020-2021 CMHS Athletic Handbook and my signature below confirms that I understand the information that is within to include, but not limited to player eligibility, player / parent acceptable behavior, fees, required registration, CHSAA Policies, etc. I agree to abide by rules set forth within the 2020-2021 CMHS Athletic Handbook and accept the consequences that may result in my and or my student's failure to do so.**

Parent/Guardian Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____

FOR ATHLETIC OFFICE USE ONLY

REGISTRATION RECEIVED:	ELIGIBILITY:
FALL: DATE _____ PAYMENT _____	Classes Passed ____ Failed ____ Current ____
WINTER: DATE _____ PAYMENT _____	Classes Passed ____ Failed ____ Current ____
SPRING: DATE _____ PAYMENT _____	Classes Passed ____ Failed ____ Current ____

CMHS 2020-2021 ATHLETIC REGISTRATION – Page 2

Parent/Guardian - Your son or daughter must obtain a physical examination by a licensed MD, NP, PA or DO. Chiropractor examinations will not be accepted. By returning this registration form with Physician's Statement, you are verifying that the physician below meets these guidelines, and the District will rely upon this verification.

PHYSICIAN'S STATEMENT: I certify that I have examined _____, and found him/her physically fit to engage in CMHS Athletics. (STUDENT NAME- please print)

Date of Physical _____ Physician Name _____

Physician Signature _____

CMSD #12 ACKNOWLEDGEMENT OF RISK

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 FROM MINOR TO LONG-TERM CATASTROPHIC IN SEVERITY. 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, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

Please note: Signatures below acknowledge understanding of this warning and the following:

ACKNOWLEDGEMENT OF RISK WARNING TO PARENTS/STUDENTS*:

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION. Many forms of athletic competition result in: violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury. Parents and students must assess the risks involved in such participation and make the choice to participate in spite of these risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must refrain from improper uses and techniques. By choosing to participate, you, the student, acknowledge that such risk exists.

By signing below, the athlete and parent/legal guardian, in the event of a medical emergency, in which the parent/legal guardian cannot be reached, grant permission to the physician selected by the school to hospitalize and secure proper treatment (including surgery) for the athlete and verify agreement to assume all costs for such treatment. Cheyenne Mountain School District #12 does not provide insurance for athletic injury. Many families have policies that cover such injuries; if you do not have protection from your personal policy, and do not wish to assume individual financial responsibility, an option is to subscribe to the Athletic Insurance offered by a third party vendor, made available through Cheyenne Mountain School District #12. Should you choose to participate in the optional athletic insurance, it is the responsibility of the parent/guardian to obtain, complete, and return the insurance application form to the address indicated. Forms will be available in the CMHS Athletic Office or at the CMSD 12 District office.

***PARENTS/STUDENTS WHO PREFER NOT TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT INCLUDE THEIR SIGNATURE(S) BELOW. HOWEVER, FAILURE TO DO SO WILL RESULT IN STUDENT'S INABILITY TO PARTICIPATE.**

By signing below I understand the risk involved, and assume personal responsibility for all medical expenses incurred while my son/daughter is involved in CMHS Athletics.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____