

**2020-2021 CMSD District 12
NON-ENROLLED CMHS ATHLETIC PARTICIPATION FORM**

LIST SPORT OF PARTICIPATION _____ Physical Date: _____

Fall: _____ Winter: _____ Spring: _____

Player's Name: _____ M / F DOB: _____ Grade: _____

SCHOOL OF ATTENDANCE: _____ or HOME-SCHOOLED: _____

Student resides in _____ School District.

School Attended Last Year: _____

Sports Played At Previous School: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact # 1: _____ Phone: _____

Emergency Contact # 2 : _____ Phone: _____

For eligibility purposes, grades will be required at 3-week intervals.

Parent/Guardian of homeschooled students will need to submit a grade report to Kris Roberts, Athletic Director, kroberts@cmsd12.org, on the required 2020-2021 grade check dates, as listed under applicable sports season within the 2020-2021 CMHS Athletic Handbook/Important Dates. CHSAA Form to be used for home-school grade submission may be found on the CMHS Website.

Students registered at another accredited high school, will be required to have the Registrar or Athletic Director/Assistant Principal send progress grades to Kris Roberts on those same dates. Please refer to 2020-2021 CMHS Athletic Handbook.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

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:** _____

Cheyenne Mountain School District Twelve
HEALTH HISTORY

Child's Name: _____ Grade: _____ School: _____

Person providing answers: _____ Date: _____

Source of Medical Care: _____

Current Health Status

How would you describe your child's current physical health? Excellent Good Fair Poor

Does your child have a known medical diagnosis? No Yes

What is the diagnosis? _____ Diagnosed at what age? _____

Is your child currently taking medication? No Yes

Name of the medication? _____ Dose and time given? _____

Does your child have any allergies? None Environmental Medicine Food Other

Please specify: _____

Date of last physical: _____ Hospital of Choice: _____

Date of last eye exam: _____ Does your child wear glasses or contacts? No Yes

Any vision concerns? _____ Any hearing concerns? _____

Date of last dental exam: _____ Any dental concerns? _____

How would you describe your child's current emotional health? Excellent Good Fair Poor

Would you say that your child is a: Good Eater Picky Eater Other

Please explain: _____

How many hours of sleep does your child get each night? _____

Explain any other problems or concerns: _____

Medical History

Has your child had any of the following? (Please check and comment on the lines below)

- | | | |
|---|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Special diet |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent nose bleeds | <input type="checkbox"/> Significant accident/injury |
| <input type="checkbox"/> Bladder/kidney problems | <input type="checkbox"/> Frequent respiratory infections | <input type="checkbox"/> Minor/major surgery |
| <input type="checkbox"/> Bone/orthopedic problems | <input type="checkbox"/> Frequent sore throat | <input type="checkbox"/> Social/emotional problems |
| <input type="checkbox"/> Concussion/head injury | <input type="checkbox"/> Frequent stomach aches | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Convulsions/seizures | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> High fever | <input type="checkbox"/> Hyperactivity/short attention |
| <input type="checkbox"/> Eating/weight problems | <input type="checkbox"/> Sleeping problems | <input type="checkbox"/> Harming self or others |

Please explain: _____

Pre-Natal/Birth/Early Childhood History

During pregnancy, did mother: Receive prenatal care? No Yes
Smoke? No Yes How much? _____
Use alcohol? No Yes How often? _____
Take medications/drugs? No Yes List: _____

Did mother have any illness or difficulties during pregnancy? No Yes Explain: _____

Was baby born: Premature Full-term Overdue Birth weight: _____ lbs. _____ oz.

Any complications at or right after birth? (such as oxygen, blood, breathing, infection, etc.):

As an infant, did your child have any difficulty with any of the following?

Feeding Allergies Colic Poor Weight Gain Sleeping Other
Explain: _____

Growth & development milestones (crawl, walk, talk, potty train, etc): Early Normal Delayed
Explain: _____

Is there anything else we should know about your child's health? _____

Signature of person completing form

Date

Health Office Use Only	
Vision screen date: _____	
Acuity for Distance: R - L - B -	With correction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alt Cover: P R Converge/track: P R Color: P R Depth: P R Near: P R Plus Lens: P R	
Hearing screen date: _____	
Right: P R Left: P R	
RN Comments: _____	

HCP on file? <input type="checkbox"/> Yes <input type="checkbox"/> No P = Pass, R = Refer	