CHSAA Parent Permit for Athletic Participation

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.**

Please check what sport you student will be participating in:

____ Football	_____Wrestling
____Volleyball	_____Baseball
____Basketball	_____Track
____Cheer	_____Knowledge Bowl

No student shall represent their school in interschool athletics until there is on file with the athletic department 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'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.

I hereby give my consent for _____to compete in athletics for DOVE CREEK MIDDLE/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.

Student Athlete

Print Name:_____ Date:_____

Signature:_____

Parent/Guardian

Print Name:_____ Date:_____

Signature:_____

By signing this form indicates that to the best of my knowledge, my answers and information provided to the above questions are complete and correct. I understand that the information about my account that I have provided on this form may be used for analytical and research purposes anonymously (without any personally identifying information). I consent to the access and use of this date by Colorado high School Activities Association, the Dolores County School District Re-2j.