Athletic Insurance Waiver

School: _____

The coaches and administration of Widefield School District #3 wish to take every precaution to ensure the safety and well being of each student athlete. The requirements for participation in interscholastic athletics are a current physical examination, a signed parent permission, and medical insurance or equivalent medical protection (i.e. admittance privileges to Fort Carson Hospital or Air Force Academy Hospital.) I fully understand that it is my responsibility to provide accident/health insurance coverage for my son/daughter and that my son/daughter may not participate in athletic activities without proof of insurance as stated below.

Please check the following:

A. ___ We have adequate medical insurance or equivalent medical protection and will assume financial responsibility for all injuries.
   1. Name of family insurance company: _____
      Policy/Group: _____
   2. Name of military medical facility: _____

B. ___ We wish to purchase school insurance.

C. ___ We wish to purchase school insurance with the football rider.

D. ___ No insurance. Parent/guardian will assume all responsibility if student is injured.

I understand that if my son/daughter is injured while participating in school athletics/activities, I agree to have him/her taken to the nearest medical facility if school officials deem such action is necessary, and to pay all medical expenses incurred by such action.

_____

Student's Printed Name

_____

Parent/Guardian Printed Name

_____

Parent/Guardian Signature

_____

Date

MRHS

WIDEFIELD SCHOOL DISTRICT 3
PRIDE. TRADITION. INNOVATION.

Emergency Information Card

Student Name _____ _____
First Name **Last Name**

Grade _____ Student ID # _____

Birth Date (mm/dd/yyyy) _____

Sport(s) _____

Parent/Guardian Name(s) _____

_____

Street Address _____

City/State/Zip _____

Home Phone # _____

Mother's Wk. # _____ Father's Wk. # _____

Mother's Cell # _____ Father's Cell # _____

Hospital Preference _____

Physician _____

Physician's Phone # _____

Emergency Contact _____

Emergency Contact's Phone # _____

Chronic Ailments _____

Consent for Emergency Treatment for Interscholastic Activity Injuries for the Current School Year Only:

I, the parent/guardian of _____ realize there is a possibility of various injuries, including permanent paralysis or death as a result of participation in athletic activities. In consideration of this possibility, I hereby consent to emergency transportation and treatment necessary for the welfare of the above named student in the event of injury or illness incurred as a member of an interscholastic team or group. I hereby waive on behalf of myself and the above named student any liability of the school district and any of its agents or employees arising out of such injuries, transportation, and/or medical treatment.

_____ _____
Signature of Parent/Guardian **Date**

OVE

This Page To Be Completed By Licensed Practitioner

Widefield School District 3
Physical Examination Form

Student Name: _____ (First Name) _____ (Last Name) **Date of Birth** _____ (mm/dd/yyyy)

Height _____ **Weight** _____ **Pulse** _____ **BP** _____ / _____ **(** _____ / _____ **,** _____ / _____ **)**

Vision **R20/** _____ **L20/** _____ **Corrected:** ☐ **Yes** ☐ **No** **Pupils: Equal** ☐ **Unequal** ☐

	Normal	Abnormal Findings	Initials
Medical			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

Medical Determination

Cleared for sports participation ☐

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ **Reason:** _____

Recommendations: _____

Comments: _____

Name of Physician (Print/Type) _____ **Phone:** _____

Physician's Address: _____

Signature of Physician, M.D. or D.O. _____ **Date:** _____

To Be Completed by Parent, Guardian or Student

Widefield School District 3
Athletic Medical History

Student Name:			
Sex: ☐ **M** ☐ **F**	**Age:**	**Date of Birth:**	**Grade:**
Sport by Season:	**Fall:**	**Winter:**	**Spring:**
Primary Physician:		**Physician's Phone:**	
Insurance Provider:		**ID Number:**	

Please check the appropriate response to the questions below:

Have you ever passed out during or after exercise?	Yes ☐	No ☐
Have you ever been dizzy during or after exercise?	Yes ☐	No ☐
Have you ever had chest pain during or after exercise?	Yes ☐	No ☐
Do you tire more quickly than your friends during exercise?	Yes ☐	No ☐
Have you ever had high blood pressure?	Yes ☐	No ☐
Have you ever been told you have a heart murmur?	Yes ☐	No ☐
Have you ever had racing of your heart or skipped heartbeats?	Yes ☐	No ☐
Has anyone in your family died of heart problems before age 50?	Yes ☐	No ☐
Do you have a history of asthma?	Yes ☐	No ☐
Do you have trouble breathing or do you cough during or after exercise?	Yes ☐	No ☐
Have you ever had a head injury?	Yes ☐	No ☐
Have you ever been hospitalized?	Yes ☐	No ☐
Have you ever had surgery?	Yes ☐	No ☐
Are you presently taking prescribed or over the counter medications?	Yes ☐	No ☐
Do you have any allergies?	Yes ☐	No ☐
Do you have any skin problems (itching, rashes, acne, other)?	Yes ☐	No ☐
Have you ever had heat or muscle cramps?	Yes ☐	No ☐
Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guard, other)?	Yes ☐	No ☐
Do you have any problems with your eyes or vision?	Yes ☐	No ☐
Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling to any bone or joint? If Yes, please explain:	Yes ☐	No ☐
Do you have any other medical problems (infectious mononucleosis, diabetes, etc.)? If Yes, please explain:	Yes ☐	No ☐
Do you have a history of sickle cell anemia in your family?	Yes ☐	No ☐
Have you had a medical problem or injury since your last evaluation?	Yes ☐	No ☐
Do you have any menstrual difficulties?	Yes ☐	No ☐
Date of last tetanus shot:		
Date of last measles immunization:		

Please use the space below to explain all 'yes' answers. Please use an additional sheet of paper if more space is needed.

I certify the above information is accurate and complete to the best of my knowledge.

Parent Signature (required) **Date** **Student Signature** **Date**

By signing this form, you, as the athlete, and the parent or legal guardian, indicate the understanding by participating in a physical at a district school, that there is no guarantee of confidentiality of protected health information. Signing of this form also releases medical professionals and the district of any liability as a result of unintentional disclosure of such information.

Widefield School District 3
Athletic Participation

Student Name: _____ _____

First Name **Last Name**

Once the **entire packet** containing all of the forms shown below has been completed and returned to the office, the student will be provided a card which must given to his/her coach before he/she will be allowed to practice. **(Partial packets will not be accepted.)**

- Emergency Information Card and Consent for Emergency Treatment
  Athletic Insurance Waiver
- Handbook and Philosophy Statement
  Parent Permission
- Medical History Form
  Physical Examination Form (This form must be signed by a practitioner licensed in Colorado to perform sports physicals.)

Handbook and Philosophy Statement

I have received a copy of the Widefield School District 3 Parent/Athletic Handbook (Handbooks are available in school office and online.). I agree to abide by all conditions and rules of the handbook, and I further understand that if I do not abide by the rules as outlined, there will be consequences which may range from probation or suspension to ineligibility.

Because participation in WSD3 school sports is a PRIVILEGE, I understand the rules and guidelines of the handbook are year-round responsibilities, both in-season and out-of-season.

Trying out for an interscholastic sport or spirit team does not guarantee any student a spot on that team. Depending on the sport, the number of people trying out and the number of slots available, cuts may or may not become necessary. **Coaches always reserve the right to remove team members for disciplinary reasons. Earning a spot on a team as well as playing time shall be determined by, but not limited to, talent, academics, attitude, attendance and conduct.**

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

Student Signature: _____ **Date:** _____

Office Use Only

New Student Notice (High School Only)

] er complete. This student may practice and play in any scheduled athletic activity/event.

] er pending. This student is eligible to practice with his/her competitive team but may not participate in any games, matches, or meets until further notice. (It is the responsibility of the student athlete and his/her parents or guardians to see to the filing of any waiver request through the athletic director to the league or the Colorado High School Activities Association.)

ector's Signature: _____

DSA-27 06/04/18

(Over)

Widefield School District 3
Parent Permission

Student Name: _____ _____

First Name **Last Name**

No pupil shall represent his/her school in interscholastic athletics until there is, on file with the school of participation, a statement signed by his/her parents or legal guardian and a practitioner licensed in Colorado to perform sports physicals certifying that he/she has passed an adequate physical examination within the academic year of participation; that in the opinion of the examining physician he/she is physically fit to participate in WSD3 school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

If significant intervening illness and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician. If a student athlete sustains an injury that requires medical attention from a practicing physician he/she may not participate in practice and/or competition until he/she has received a release from a practicing physician.

It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have a current tetanus booster. 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.

NOTE: **Physicals are generally valid for one year from the date signed; however, it is the policy of the Widefield School District 3 athletic department that physicals will ONLY BE ACCEPTED if they cover the entire academic year of participation.**

Parent Permission:

I hereby give my consent for the above named student to compete in the athletic programs in Widefield School District 3.

Baseball	**Softball**
Basketball	**Swimming**
Cheerleading	**Tennis**
Cross Country	**Track and Field**
Football	**Volleyball**
Golf	**Wrestling**
Soccer	

WARNING: Although participation is supervised and interscholastic athletics and activities may be one of the least hazardous activities in which any student will engage in or out of school, by its very nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long-term catastrophic. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Participants are able and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems, follow a proper conditioning program, and inspect their own equipment daily.

Widefield School District 3 does not assume liability concerning athletic injury. Many families have insurance policies which cover such injuries; others are handled through military installations, such as TRICARE. If you do not have protection from either of these sources, and do not wish to assume individual financial responsibility, we encourage you to subscribe to the Student Accident Insurance Program offered by Markel Insurance Company, which we feel has the most nominal premium for the protection offered. Insurance application forms are available from your individual school offices.

As parent, guardian, and/or student, we agree to hold harmless Widefield School District 3 from all liability should my son/daughter be injured while practicing or playing any type of school related/sponsored athletics/activities for which I have given my permission for participation, or in transit to or from any school related/sponsored activities. Also, I understand and agree that I am responsible for all medical expenses incurred resulting from injury while practicing, participating in, or in transit to or from any school related/sponsored athletic contests. I further agree that, in the event of injury, my son/daughter may be taken to a medical doctor, if in the opinion of school officials it is deemed necessary to do so.

Widefield School District 3 complies with all state and federal regulations prohibiting discrimination on the basis of race, color, national origin, creed, religion, age, sex, and handicap.

By signing this permission form we acknowledge that we have read and understand this warning. ***(Parents or students who do NOT wish to accept the risk described in this warning should not sign this permission form.)***

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

Student Signature: _____ **Date:** _____

NOTE: This form must be completed in its entirety and be on file in the school office before student may participate in any interscholastic athletics/activities.

DSA 27 06/04/18

(Over)

HEALTHY ROSTER

Healthy Roster is HIPAA Compliant which means all personal health information (PHI) is stored securely.

HealthyRoster is the Electronic Medical Record (EMR) system that is used by the athletic trainer, Breanna Sage, at Mesa Ridge High School. This is how she keeps a record of injuries and communicates with parents and coaches about injured athletes.

Once your student-athlete's account is created by the certified athletic trainer, you will receive an email to create your account which will provide you access to all of your athletes information, as well as direct communication with the athletic trainer. Once your student-athlete has graduated, their account gets archived and cannot be seen or accessed by anyone but the athletic trainer.

This is how coaches communicate with the athletic trainer about injuries, they can only see athletes who are on their rosters, they also use this to access emergency information cards in case of an emergency. By signing this waiver you are giving permission for your student-athletes account to be created and shared with coaches before you make your account. This will be helpful for coaches so they can have access to the emergency medical cards early or if you choose not to create an account. COACHES DO NOT HAVE ACCESS TO ALL DOCUMENTATION, ONLY ONES THAT ARE IMPORTANT FOR THEM TO SEE (i.e emergency medical card)

Student Name:_____

Parent/Guardian Email: _____

Parent/Guardian Name: _____ Date: _____

- cut here -

HEALTHY ROSTER

How to create your account:

1. Parent/Guardian will receive an email invitation from via@healthyroster.com from the athletic trainer, Breanna Sage, to sign up and/or approve authorization to another student athlete if you already have an account.
2. Click the link in the email and it will take you to the sign up page, IF YOU HAVE ALREADY MADE AN ACCOUNT FOR ANOTHER STUDENT ATHLETE CLICK "I already have an account", if you have not made an account click "I need to create a new account"
3. Follow the prompts, if you have any questions please reach out to Breanna Sage at (719) 964-7447 or via email at sagebreanna@wsd3.org

CHSAA BYLAWS – PARENT & STUDENT INFORMATION

Colorado High School Activities Association

Welcome to the 2020-2021 school year!

Participation in educational athletics and activities is a privilege that is earned in the classroom as well as on the playing field, court and stage. The CHSAA encourages all students to engage and explore in sports and activities of their choosing to enhance and enrich their high school experience. Parents are also encouraged to contribute to this experience through their positive support and encouragement. Please remember that with that participation comes the accountability of earning the privilege to take part.

Per Bylaw 1800.54*, *CHSAA requires that all information provided regarding any aspect of the eligibility of a student must be true, correct, accurate, complete and/or not false; penalty for providing false information is ineligibility and/or contest forfeitures.

A student's participation in high school activities is dependent on his/her eligibility. Protect that eligibility. Read the following summary of Colorado High School Activities Association rules that govern a student's participation. Students and parents alike need to review these rules and ask questions of their coaches/directors, athletic director and school administrators.

Per Bylaw 1710.1*, Please review the following information and acknowledge your understanding of the CHSAA Bylaws by signing at the end and submitting to your School's Athletic Director. ***Click the blue underlined links to be directed to the CHSAA Bylaws.

The CHSAA

The Colorado High School Activities Association has been the governing body of high school athletics and activities (speech, student council and music) in the state since 1921. CHSAA's Code of Ethics is integral to its Mission and Vision. The student's school is a voluntary member of the CHSAA and has agreed to follow its rules. Both your school and the Association believe in equal competition among schools and the close relationship between academics and activities.

Discrimination (300)

A student-participant will not participate in or condone unfair discriminatory practices against a fellow participant due to age, gender, race, ethnicity, religion, sexual orientation, or disability, nor shall the student be discriminated against under the same criteria.

The CHSAA Rules of Participation

Academic (1710)

A school must select one of three options for determining the eligibility of all its students, and schools have the right to impose stricter academic and behavioral standards.

Make-up Work (1740)

Each student must be academically eligible in accordance with the above section at the time of participation and during the previous semester. Make-up work shall not be permitted after the close of the semester for the purpose of becoming eligible. (Cases involving special circumstances should be referred to your principal). If eligibility has been lost from a previous semester, students may regain their athletic eligibility per the "Fall Regain Dates" Table in the Bylaws, and on the Monday of Week 36 for the second semester.

Summer school credits accepted by the school may be used to replace credits in subjects failed during previous semesters as long as the course is completed by the Monday of Week 9. Dropping a class may make you ineligible. If you play while ineligible, you may cause your team to forfeit any contests in which you played.

1. **Citizenship (1710)**

The school principal must approve the student to be representative of the school's standards of citizenship, conduct and sportsmanship.

2. **Conduct – Ejections (2200)**

If a student is ejected from a contest for unsportsmanlike conduct, he/she will be ineligible for the next scheduled match or contest played at that level including qualifying and state contests. The student may not participate in any contests at any other level during this period. For the season, the student will be permitted to compete in one fewer contest than the maximum allowed each participant in the sport.

A second ejection during the season shall result in a 2 contest suspension. A third ejection will result in a review of the student's future eligibility by the CHSAA Commissioner.

If a student is ejected in the final contest of a season, he/she is ineligible for the first contest of the next sport in which he/she competes and completes the season. Players leaving the bench during a fight shall be ejected and ineligible for the next contest.

3. **Outside Competition (2100.2)**

As a member of any high school team, a student may practice or compete in that sport during that sport season in a non-school event with prior written permission of the principal.

Members of high school teams may compete in non-school events in that sport without written permission on the day following the completion of the season for the level (freshman, sophomore, junior varsity, varsity) of the team on which they are

competing. NOTE: A student becomes subject to the outside competition rule on or after the first date of formal practice, when he or she reports out for practice and is in contention for a berth on the team.

4. **Undergraduate (1710)**

A student may not be a graduate of any high school and participate in high school athletics.

5. **Recruiting (1900)**

Any recruiting based on athletic ability or interest is prohibited.

6. **Age (1770.1)**

A student's 19th birthday must fall on or after August 1 of the current school year. Exceptions to this rule, based on educational handicaps, may be requested, provided the student's original class has not graduated.

7. **Semesters (1770.3)**

Upon entering high school, a student's eligibility will continue only until his/her original class graduates. Once entering ninth grade, a student has eight consecutive semesters of eligibility. NOTE: If a student drops out of school or misses competition due to an injury, he/she will not receive additional eligibility.

8. **Seasons (1770.71)**

A student is allowed a maximum of 4 seasons in any sport.

9. **Physical Exam (1780)**

A student may not practice or compete (music, student council and speech participants are exempt) without a physical exam that is:

- Signed by an MD, DO, chiropractor who is school physical certified (DC, SPC), nurse practitioner or physician's assistant licensed by the State of Colorado.
- Current within the last 12 months.
- On file with principal or athletic director prior to first practice.

10. **Practice (2310)**

NEW: A total of **3** different days of practice is required before participating in any interscholastic game or scrimmage (*except football which needs 9 days*). OTHER EXCEPTIONS: (A) Golf, skiing, softball and tennis players. (B) Participants in state playoff games completed on or after the first day of formal practice. **No contact between a coach and player is allowed on **Sundays** during the school year unless it is for a social, academic or service related activity that is strictly voluntary. A student cannot be required to practice or compete outside of the season as a condition of making the team.

11. **Transfer Rule (1800)**

The CHSAA supports school choice in academic pursuits and encourages its student participants to enhance their academic achievement. In concert with this approach, the Association's philosophy addresses the establishment of a fair playing field for all student athletes. A student entering high school for the first time shall be eligible for all interscholastic athletic competition.

- ***Varsity Eligibility 1800.1***

A student who establishes his/her eligibility at a member school and subsequently transfers, will be ineligible for *varsity competition* for 365 days from the date of their transfer, in the sports they participated in during the last 365 days.

- ***Athletic Transfer (1800.4)***

Any transfer substantially motivated by athletic considerations will cause the student to be ineligible for varsity competition for 365 days from the date of the transfer in any sports(s) they participated in during the last 365 days.

- ***Transfer with Club Coach or Previous Coach (1800.4)***

A student transferring, moving or for any reason changing to a new school where the student's non-school coach is also a coach of the school team, is considered to be attending for athletic purposes. The student, as a result of this transfer, will be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer. As used in this Rule, the term "coach" includes any person who coaches, volunteers (regardless of compensation) or assists in any capacity with the coaching or training of the school or non-school team. For purposes of this Bylaw and its exceptions, no personal relationship or one-on one/group coaching or individual contact is required for application of this rule. If a coach has any standing with the outside team/organization/business, that coach is considered a coach of that non-school sports team.

General Transfer Information (1800)

It is the parent's and student's responsibility to know the CHSAA Transfer Rule and how it affects the student's eligibility. The CHSAA Commissioner *may* grant exceptions to this rule in unusual cases. Only schools may submit a waiver. If a waiver of the transfer rule is requested, ***the student is not eligible until the waiver is approved by the CHSAA Commissioner.***

Any waiver submitted that contains legal guardian references must have the appropriate court signed legal documentation of that guardianship before the waiver will be considered. Parents should review all situations with the school administration.

CHSAA BYLAWS – PARENT & STUDENT INFORMATION

15. **Awards (2010)**

Individuals participating in any interscholastic athletic/activity sponsored and/or approved by the Association shall not accept cash or merchandise awards. Awards must be symbolic in nature with no functional or intrinsic value with a cost of no more than $100.00.

16. **Amateur (2000)**

If a student participates in a CHSAA approved sport, in other than CHSAA competition, his/her amateur status is determined by the rules of the amateur governing body of that sport. Amateur status of Colorado high school athletes applies only to sports sanctioned by the CHSAA.

17. **Bullying & Hazing (1710.2)**

The Colorado High School Activities Association, in conjunction with its member school, prohibits bullying, hazing, intimidation or threats. Hazing includes humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in any CHSAA sanctioned activity. I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.

After reviewing the above information, if you still have questions, please contact your school's athletic director. This list is by no means inclusive; however, it is intended to outline the most common questions and bylaws. For more information, please visit our website CHSAANow.com.

Checklist for Student Eligibility

If a student cannot check any of the items, he/she needs to contact the athletic director or principal.

[ ] At least 5 full credit classes.
[ ] Will abide by the rules as outlined and/or defined by school's academic plan.
[ ] Physical exam within the last calendar year.
[ ] Parent permit form on file at the school.
[ ] Have not changed schools during the current school year without a corresponding move by parents.
[ ] Will not or have not turned 19 before August 1.
[ ] Has not been in high school longer than 8 consecutive semesters.
[ ] Will not play more than 4 seasons in any sport.
[ ] Will not compete or practice in any non-school events in my sport once reporting out for the team, without the permission of my principal.
[ ] Has complied with all other school, district, and local eligibility requirements.

I have read and understand the CHSAA Eligibility Rules as documented here as well as specifically read in the CHSAA Bylaws. I understand and acknowledge the inherent risks of participating in Athletics & Activities, INCLUDING THE RISK OF CORONAVIRUS DISEASE 2019 (COVID-19), and by signing this acknowledgement, I affirm my responsibility to prevent and report hazing, to report positive COVID-19 cases, and to ONLY PARTICIPATE WHEN HEALTHY. I also understand that any violation of this could result in school or team consequences that could include dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.

The CHSAA retains athletic trainers for all Championship events. By signing below, you agree to allow CHSAA's on-site athletic trainer to administer medical attention as needed and to communicate follow-up care to your student-athlete, school coaches, school athletic trainers and/or parents.

Signed: _____ (Parent) _____ (Participant)

_____ (School) _____ (Date)