

2020-2021



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

DSA 29 09/15/16

Side 1

OVER



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

Widefield School District 3 Athletic Medical History

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

Student Name: _____ Date of Birth: _____
(First Name) (Last Name) (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: _____

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. *(Please cross out any sport/activity for which permission IS DENIED.)*

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.

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.). 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: _____

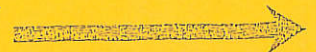
Student Signature: _____ Date: _____

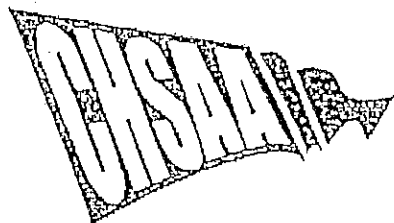
Office Use Only

New Student Notice (High School Only)

- ☐ Transfer complete. This student may practice and play in any scheduled athletic activity/event.
- ☐ Transfer 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.)

Athletic Director's Signature: _____





1b

STUDENT ELIGIBILITY INFORMATION FORM
and
CHSAA Anti-Hazing Policy

I hereby give my consent for _____

to compete in athletics for _____ High School
in Colorado High School Activities Association approved sports, except as noted on the Physical Examination
and Parent Permit Form, and I have read and understand the general guidelines for eligibility as outlined in the
CHSAA Competitor's Brochure (as found on the CHSAANow.com website).

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA
Competitor's Brochure.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is a statement on file with the
superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that
he/she has passed an adequate physical examination within the past year, noting that in the opinion of
the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, (DC, Spc.) is
physically fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian
to participate; and, the parent and participant have read, understand and agree to the CHSAA guidelines for
eligibility.

CHSAA Anti-Hazing Policy

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing includes,
but is not limited to 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.

By signing this acknowledgement, I affirm my responsibility to prevent and report hazing. 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.

Student Athlete Signature _____

Date _____