

Physician and Parent Permit for Athletic Participation

I hereby certify that I have examined _____ and that the student was found physically fit to engage in school baseball, basketball, cross country, football, golf, gymnastics, ice hockey, skiing, soccer, softball, swimming, tennis, track and field, wrestling, volleyball. (Please cross out any sport in which the student should not participate.) Student's birthdate _____

Date _____ Signed _____
(Valid for 365 days unless rescinded) Physician (Must be signed by a physician)

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic 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.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. **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.**

I hereby give my consent for _____ to compete in athletics for _____ school, in Christian School Athletic Activities Approved Sports except those crossed out below.

Baseball, basketball, cross country, football, golf, gymnastics, ice hockey, skiing, soccer, softball, swimming, tennis, track and field, wrestling, volleyball.

Date _____ Parent's or Guardian's Signature _____

Date: _____ Student's Signature _____

NOTE This statement should be on file in the principal's office for every student participating in interschool athletic competition.
PLEASE COMPLETE INFORMATION ON OTHER SIDE

OVER

SUMMARY INFORMATION FOR PHYSICIANS

No pupil shall represent this school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parents or legal guardian and a practicing physician certifying that he/she has passed an adequate physical examination within the past year; that in the opinion of the examining physician he/she is physically fit to participate in school athletics; and that he/she has the consent of his parents or legal guardian to participate. A student who has received an adequate physical examination at least once upon entering school may elect to have a Medical Re-evaluation instead of a physical examination in subsequent years, unless significant injuries or illnesses have occurred the past year.

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.

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 Junior High, Junior High to High School, etc.

CHRISTIAN SCHOOL ATHLETIC LEAGUE SCHOOL ATHLETIC/ACTIVITY INSURANCE WAIVER

This statement releases Christian School Athletic League of responsibility in case of accident to my son/daughter while he/she is participating in interscholastic activities.

I fully understand that Christian School Athletic League does not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However such insurance is made available by the School through an authorized agent. I further understand that it is my responsibility to provide accident insurance coverage for my son/daughter.

1. I feel that my present insurance coverage is adequate: _____
Signature Date

-or-

2. I am purchasing student accident insurance for my son/daughter through the authorized agent.

Signature

Date

CHRISTIAN SCHOOL ATHLETIC LEAGUE

EMERGENCY INFORMATION CARD

PLAYER'S NAME: _____ GRADE _____

PARENT'S OR
GUARDIAN'S NAME: _____

ADDRESS: _____

PHONE: _____ WORK PHONE: _____

PHYSICIAN: _____

HOSPITAL PREFERENCE: _____

EMERGENCY NUMBER IF NOT AT HOME OR WORK: _____

CHRONIC AILMENTS: _____

(OVER: Please sign emergency treatment statement.)

CONSENT FOR EMERGENCY TREATMENT FOR INTERSCHOLASTIC OR INTRAMURAL ACTIVITY INJURIES

I, _____, parent or guardian of
_____ in consideration of my

_____ opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the Christian School Athletic League, any of its agents, employees, arising out of such medical treatment.

Dated

Signature of Parent or Guardian