



Custer County School District, C-1

(2021-2022)

Sport Physical Form/Activity Participation Policy

NAME: _____

The Activity Participation Policy has been developed to provide guidelines for all students participation in activities that are governed by the Colorado High School Activities Association. Any student participation in activities assumes the responsibility for the discipline required to follow these rules and guidelines. Parents should understand they play an important role in their child's participation in extracurricular activities and in the adherence to this set of policies.

These activity policy rules are in effect during the school year, in or out of school, and in or out of town.

1. All rules established by the Custer County School Board for the students must be followed. Please refer to the student handbook.
2. Eligibility to participate in interscholastic athletics shall be determined with reference to the Constitution and by-laws of the Colorado High School Activities Association and the rules and regulations of the School District.
3. School Rules will be applicable for grade eligibility. Custer County Secondary School has a weekly eligibility policy. **Students are required to pass all subjects with a 60% or higher to participate in activities or athletic events including all school sponsored dances. Students with two "D's" or one "F" cannot participate in any athletic event or extra-curricular activities. Participation in practices will be at the discretion of the individual coach.** Our eligibility is done one week at a time, reported on Monday for that school week. At the end of each grading period the student report card will be used as eligibility. If the teacher makes a mistake on the student's grade, the student is considered to be ineligible until the teacher submits a typed letter of explanation to the athletic director, principal, and superintendent. The principal will have the final say on the student's eligibility. Teacher error is the only reason for a student to become eligible after being placed on the list. A student cannot make up work on Monday and be considered eligible on Thursday. Students must also have passed five classes the previous semester.
4. Students will be expected to dress appropriately on trips and conduct themselves in accordance with the rules of Custer County High School and this Activity Policy.
5. Students who are absent during any period of the day for illness will not be allowed to practice or compete in an activity that day. Excuses must be approved in advance by the principals or athletic director.
6. Students will not be allowed to provide their own transportation to or from activities. Students will travel with their group and coach/sponsor. Permission may be granted for a student to ride with his/her parent/guardian if arrangements are made, in writing, before the activity if the parent contacts the coach and provides a written statement that the son/daughter will be with the parent/guardian.
7. Each coach has his/her set of rules for the sport he/she coaches. These rules, approved by the Athletic Director, are to be followed in addition to the rules in this activity policy, and are to be distributed by each coach to his/her players and player's parents at the start of each sport season.
8. The following rules will subject the student to disciplinary action by a council. The Principal, the Athletic Director, and all head coaches will have a seat on this council. The Activities Director will be the chairman for this council.

- a. Conduct unbecoming a Custer County Bobcat. A student should not be disrespectful to the school, him/herself, teammates, or the community during the school year by his/her actions in or out of school, nor in or out of town.
- b. Willful disobedience or disrespect towards a coach, sponsor or administrator.

When the punishment will take place and the terms of the punishment for a rule violation brought before the council will be decided on by a majority vote of the council members at the meeting called to hear any particular case. Violations may result in the loss of playing time, dismissal from the activity for the season, the loss of that season's letter, or other suitable disciplinary measures decided upon by the council. All violations must be substantiated by the council.

9. Students may not:

- a. Drink alcoholic beverages
- b. Use, possess, or sell drugs
- c. Use tobacco products

A participant violating 9a or 9b is subject to district policy concerning drug or alcohol use and the following rules administered by the Athletic Director:

- First offense during calendar year of high school/middle school:

A first offense violator will be suspended from any competition for the next three (3) weeks of scheduled interscholastic events, to run concurrently from activity to activity. (From the final two weeks of sport "A" and the first competition of sort "B".) The student is responsible for making all appointments and paying any fees that may be associated with this program. Some of the rehabilitation may require the parents' attendance at some of the sessions. The offender will be allowed to practice but not participate in any interscholastic activities until the abuse center notifies the principal that all rehabilitation time has been completed and all fees have been paid. The activities council may determine that a longer suspension be more suitable based on circumstances surrounding the offense.

- Second offense during calendar year of high school/middle school:

The second offense violator will be suspended for eight (8) weeks of actual competition, to run concurrently from fall sports to winter sport, or winter sport to spring sport, or spring sport to fall. The student will be required to participate in six months of rehabilitation time with a drug abuse counselor or at an abuse center. The student is responsible for making arrangements for the rehabilitation sessions, for attending all scheduled sessions, and for paying any fees associated with the classes. Part of the student rehabilitation time may require parent attendance and participation in some of the sessions. If the student is (in the opinion of the rehabilitation center, unexcused absence from a scheduled session, he/she will be suspended from the next event and every one thereafter until he/she begins attending again. The rehabilitation center must certify to the principal that the student has met the requirements of the six months of rehabilitation before the student will be allowed to represent the school in interscholastic competition. The activities council may determine that a longer suspension may be more suitable based on circumstances surrounding the offense.

- Three or more offenses during four years of high school:

The student will be suspended from practicing and competing in any interscholastic event for one calendar year (365 days) for the time of the offense. The student will not be awarded a letter for the season during which the offense occurred. The school strongly suggests that a drug and alcohol abuse clinic be contacted and intensive therapy be sought from this source for both the parent and the student.

A participant violating 9c is subject to the following:

- First offense in four years of high school:

Suspension from one interscholastic event

- Two or more offenses in four years of high school:

The student will be suspended from two interscholastic events. He/she will also be required to attend 2 to 3 hours of counseling before resuming participation. All fees will be paid by the student.

10. I, the undersigned parent or guardian, hereby give my consent and permission for the student named below to be transported to and from activities of Custer County High School in which he/she is a registered participant via school conveyances. I understand and agree that I am responsible for the student during the trip in the event the student should violate the rules established for the student during that trip that:

- a. Parents will be responsible for and hold the school district, its agents, and employees harmless from any and all damages to persons or property caused by acts of the student.
- b. In the event of repeated or serious violations of the rules established for students, I understand the student will be sent home immediately at my cost.
- c. Parent and student understand and agree that the school district and its agents and employees do not assume any liability for loss or damage to any personal property owned by a student and parent/guardian during the trip. We, parent/guardian and student, further assume any and all risks which may arise in connection with traveling to and from the final destination of the trip.
- d. Parent and student hereby agree to release and save and hold harmless the school district, its agents, and employees from any claim, loss, demand or cause of action of whatsoever nature or kind, excluding acts of willful misconduct or gross negligence, arising out of or incurred as a result of the student's attendance and participation in the trip, including transportation, or as a result of any injuries, loss or damages suffered or incurred by me or the student during or as a result of the trip, or as a result of any claim, lawsuit or action of any kind filed against the school district by the student.

I have read the statements above and understand that my son/daughter will be expected to abide by these rules while participating in activities at Custer County Schools, and agree to the statement consenting to the transportation of the named students by the district.

Parent or Legal Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____



Custer County School District, C-1

IMPORTANT : Emergency Medical Authorization/Consent

Grade (2021-2022)

Student Name

Date of Physical

Parent/Guardian

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when parents or guardians cannot be reached.

Physical Home Address:

Phone numbers: Home _____ Work _____ Cell _____

Emergency number: _____

INSURANCE COMPANY: _____

Family doctor: _____ Phone: _____

Family dentist: _____ Phone: _____

Any medical specialist: _____ Phone: _____

List below facts concerning the child's medical history including: allergies, medications being taken, and physical impairment to which a physician should be alerted.

I hereby give my consent for the administration of any treatment deemed necessary for the welfare of the above named child, by a physician, qualified nurse, dentist 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 residences as a member of any interscholastic activity team or group and hereby waive on behalf of myself and the above named child any liability of the Custer County School District any of its agents or employees, arising out of such medical treatment.

DATE

Signature of Parent or Guardian

Head Trauma/Concussion Agreement

In accordance with Colorado State Law, and CHSAA policy, any student-athlete who is removed from athletic competitions (to include practices and scrimmages) due to suspected head trauma/concussion symptoms, will be required to receive clearance from a licensed medical practitioner (MD, DO, Nurse Practitioner, or Physician Assistant) prior to returning to athletic competition (to include practices and scrimmages.)

Signed _____ Date: _____
(parent/guardian)

Signed _____ Date: _____
(student athlete)

* * *

Testing for Childhood Diabetes Agreement

I give my permission for a urine screening to test for protein and sugar only.

Signed _____ Date: _____
(parent/guardian)

Signed _____ Date: _____
(student athlete)



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date _____ Exp. Date (good for 365 days) _____

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.

I hereby give my consent for _____ to compete in athletics for 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.

Parent or Guardian Signature _____ Date _____

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

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement 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, 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.

PART II – MEDICAL HISTORY

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

MEDICAL HISTORY OF STUDENT & FAMILY			MEDICAL HISTORY OF STUDENT & FAMILY		
	YES	NO		YES	NO
1.	<input type="checkbox"/>	<input type="checkbox"/>	32.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	33.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	34.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	35.		
5.	<input type="checkbox"/>	<input type="checkbox"/>	36.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	37.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	38.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	39.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	40.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	41.	<input type="checkbox"/>	<input type="checkbox"/>
11.			42.	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	43.	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	44.	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	45.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	46.	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	47.	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	48.	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	49.	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	50.	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	51.	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>	52.	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	53.		
23.	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
24.	<input type="checkbox"/>	<input type="checkbox"/>	54.	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	55.		
26.	<input type="checkbox"/>	<input type="checkbox"/>	56.		
27.	<input type="checkbox"/>	<input type="checkbox"/>	57.	<input type="checkbox"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here:		
29.	<input type="checkbox"/>	<input type="checkbox"/>			
30.	<input type="checkbox"/>	<input type="checkbox"/>			
31.	<input type="checkbox"/>	<input type="checkbox"/>			

Parent/Guardian Signature: _____

Athlete's Signature: _____

PART III -- PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____

*Tanner Stage or Maturation Index? (males only): _____

*Percent Body Fat: _____

*Audiogram _____

* Vision: Corrected: (L) _____ (R) _____ (Both) _____

Uncorrected (L) _____ (R) _____ (Both) _____

BP: _____
 Pulse: *(rest) _____
 *(Exercise) _____
 *(Recovery) _____
 *FEV or Peak Flow (rest) _____
 *(Exercise) _____
 *(Recovery) _____

	N	Abnormal		N	Abnormal
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsyc Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

***WHEN MEDICALLY INDICATED**

(Physician Judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS**
- Cleared AFTER further evaluation or treatment for: _____
- Cleared for Limited participation (check and explain "reason" for all that apply):
 - Not cleared for (specific sports): _____
 - Cleared only for (specific sports): _____
 - Reason(s): _____
- NOT CLEARED FOR PARTICIPATION:** _____
- Reason(s): _____
- Other Recommendations: _____
 - Recommend monitoring during early conditioning because of weight/fitness/other
 - Recommend restrictions or monitoring of weight loss or gain
 - Other: Reasons: _____

MD/DO, PA, NP, DE-SPC#, Signature: _____

Date of Examination: _____ Date Signed: _____

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print):

Address: _____

City _____ State _____ Zip _____