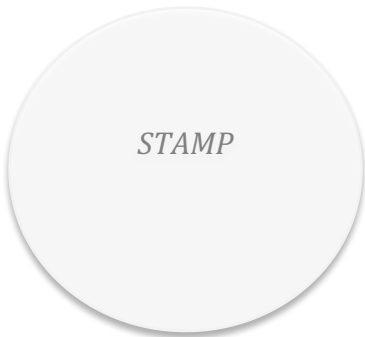


Print Student Name: \_\_\_\_\_

## CHSAA Statement by Physician for Athletic Participation

I hereby certify that I have examined \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/20\_\_\_\_ and completed a pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in CHSAA approved sports at Manitou Springs High School. If conditions arise after the athlete had been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and guardian).

- Cleared for all sports without restriction*
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for:*
- 
- Not cleared*



Physician's Signature: \_\_\_\_\_  
(Physician's signature)

\_\_\_\_\_  
(Print name) Date: \_\_\_\_\_

Address: \_\_\_\_\_

*(Valid for 365 days)*

## PARENT OR GUARDIAN PERMIT FOR ATHLETIC PARTICIPATION:

**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 Manitou Springs High School in CHSAA approved sports.
- I have read the rules stated on the attached pages and have read the Activities & Athletics Handbook and agree with all of the expectations placed upon myself, as well as my son or daughter.
- I have read the transportation section and I understand Manitou Springs School District 14 does not provide transportation to and from practice facilities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

After reading "The Fact Sheet," I am aware of the following information:

| Student Initials | 2. <u>CONCUSSION WAIVER:</u>   | Guardian Initials |
|------------------|--|-------------------|
|                  | A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.   |                   |
|                  | A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.   |                   |
|                  | A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.  |                   |
|                  | I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.   | N/A               |
|                  | If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.  | N/A               |
|                  | I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.  | N/A               |
|                  | I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.  |                   |
|                  | After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away. |                   |
|                  | Sometimes, repeat concussions can cause serious and long-lasting problems.   |                   |
|                  | I have read the concussion symptoms on the Concussion fact sheet.  |                   |

**INSURANCE STATEMENT:**

\_\_\_\_\_ I have am covered under a family medical plan or have purchased an accident insurance plan through Manitou Springs High School.

\_\_\_\_\_ I do not have insurance, and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter. Manitou Springs Schools will not be held responsible for any medical bills or debts resulting from any injury to the above named athlete while participating in any practice, scrimmage, contest or event.

**STUDENT SIGNATURE OF ACCEPTANCE OF THESE POLICIES:**

I have read the Athletics & Activities Handbook and agree with all of the expectations placed upon me.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACTIVITY FEE PAYMENT FORM:**

**Manitou Springs School District 14 has established the following Activity Fee structure:**

- All Interscholastic Athletics: \$60.00 per sport
- Drama productions and Robotics: \$60.00 per activity
- Forensics & Knowledge Bowl: \$30.00 per activity

**In addition, the following limits are established for each student and family:**

- \$120.00 maximum per student per school year.
- \$300.00 maximum per family per school year.
- **Fees will be paid by check (payable to MSHS), cash or credit card**

| NAME (S):   | GRADE: | Sport/Activity: | FEE PAID: | Office Use: |
|---|--------|-----------------|-----------|-------------|
|   |        |                 |           |             |
|   |        |                 |           |             |
| <i>Refunds:</i> If a student quits or is "cut" from an activity within two weeks of the first official practice date, the fee will be refunded. |        |                 |           |             |

**\*\*Payment is due before participation can begin\*\***

## Student Athlete Medical Information Release Form (HIPAA)

Per the Health Insurance Portability and Accountability Act the following signature will authorize the athletic director, certified athletic trainer, team physicians and affiliated medical staff to communicate and view medical records pertaining to health related issues as a result of my participation in the Athletic Program at Manitou Springs School District 14. The following methods of communication and injury documentation can be used:

Oral, written, or electronic communication regarding health issues between the athletic trainer, the team physician and supporting medical staff.

Oral, written, or electronic communication regarding health issues between the athletic trainer, coaching staff and athletic director.

Oral, written, or electronic communication regarding health issues between the athletic trainer and the athlete's parents.

Oral, written, or electronic communication regarding health issues between the athletic trainer, the team physician, supporting medical staff and the Insurance Company, or Carrier.

I have read and understand the means of communication and documentation that will take place regarding my health history and any injury information that may develop because of my involvement in athletics.

- I hereby authorize the release of the above medical information relating to my student athletic injuries as designated above.
- I do not wish to release the above medical information and understand that it will be my responsibility to handle all aspects of the communication for my student athletic related injuries.

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Athlete Name

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Athlete Birth Date

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Parent Signature

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Date