Sports Registration Check List

The following completed paperwork will need to be turned into the ATHLETIC OFFICE during registration dates for participation in a sport and 1st day of practice.

Physical – Must Be Current Year

- Physical Examination and Parent Permit for Athletic Participation – Part 1a
- Part II – Medical History and Part III Physical Examination

Contract

- Parent or Guardian Permit and Statement of Training Rules (JJIE-E)

Additional Required Forms

- Student Eligibility Information Form/Athletic Insurance Wavier
- XLNTbrain Consent Form
- Signature Page – Parent Handbook for Athletics

Students Transferring into PRHS From Other Schools or Out of State

- If this is your first season to participate in Sports at PRHS (other than 9th graders coming from middle school at the start of the school year) – Please contact the PRHS athletic office for the appropriate steps for completing the CHSAA Transfer Forms with your previous high school.

- CHSAA Form 11 – Varsity and Sub Varsity International Student Waiver Form (for Exchange Students)

ArbiterAthlete.com – Create online profile and linked to PRHS

SPORT PARTICIPATION FEE

- Please check PRHS Athletic Web Page for Sport Fees and Registration Dates
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.

PHYSICIAN SIGNATURE REQUIRED ON BACK
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.

<table>
<thead>
<tr>
<th>Medical History of Student &amp; Family</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
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<tr>
<td>2. Do you have an ongoing medical condition (like diabetes or asthma)?</td>
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<td>3. Are you currently taking any prescription or non-prescription (over the counter) medicines or pills?</td>
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<td>4. Do you have allergies to medicines, pollen, foods or stringy insects?</td>
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<tr>
<td>5. Do you have prescriptions for use of antihistamine, adrenalin, inhaler, or other allergy medications?</td>
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<tr>
<td>6. Have you ever passed out or nearly passed out during or after exercise?</td>
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<tr>
<td>7. Have you ever felt tired or ill or had a cold 2 weeks prior to the physical examination?</td>
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<tr>
<td>8. Have you ever had shortness of breath or pain or pressure in your chest during exercise?</td>
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<tr>
<td>9. Do you still have the following complaints from birth or childhood?</td>
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<tr>
<td>10. Does your heart race or skip beats during exercise?</td>
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<tr>
<td>11. Has a doctor ever told you that you have (check all that apply)</td>
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<tr>
<td>12. Has anyone in your family died suddenly for no apparent reason?</td>
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<tr>
<td>13. Does anyone in your family have a heart problem?</td>
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<tr>
<td>14. Has anyone in your family member or relative die of heart problems or sudden death before age 50?</td>
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<tr>
<td>15. Has anyone in your family have Marfan syndrome?</td>
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<tr>
<td>16. Have you ever spent the night in a hospital?</td>
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<td>17. Have you ever had surgery?</td>
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<td></td>
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<tr>
<td>18. Have you ever had any surgery?</td>
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<tr>
<td>19. Have you ever had any injury, like a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game?</td>
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<tr>
<td>20. Have you ever had a broken or fractured bone or dislocated joint?</td>
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<tr>
<td>21. Have you had a bone or joint injury that required x-ray, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?</td>
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<tr>
<td>22. Have you ever had a stress fracture?</td>
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<tr>
<td>23. Have you ever received an injury while participating in contact or collision sports?</td>
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<tr>
<td>24. Do you regularly use a brace or assistive device?</td>
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<td>25. Have you ever been diagnosed with asthma or other allergic disorders?</td>
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<tr>
<td>26. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
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<tr>
<td>27. Is there anyone in your family who has asthma?</td>
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<td>28. Have you ever used an inhaler or taken asthma medicine?</td>
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<td>29. Have you been hospital or are you missing a kidney, an eye, a testicle, or any other body part?</td>
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<tr>
<td>30. Have you had infectious mononucleosis (mono) within the last three months?</td>
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<tr>
<td>31. Have you ever had mono or any illness lasting more than two weeks?</td>
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</tbody>
</table>

Parent/Guardian Signature: ____________________________

Athlete's Signature: ____________________________
Lewis-Palmer School District 38

Student’s Name: _____________________________________ Grade: ______ Date: ________________

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. 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 my son/daughter to compete in athletics for Palmer Ridge High School, in Colorado High School Activities Association approved sports except those crossed out: baseball, basketball, cross country, football, golf, gymnastics, ice hockey, lacrosse, soccer, softball, swimming/diving, tennis, track and field, wrestling, volleyball.

Date ___________________________ Parent or Guardian’s Signature ________________________________

Date ____________________________ Student’s Signature ________________________________________

STATEMENT OF TRAINING RULES

As a participant of athletics at Palmer Ridge High School, the student-athlete agrees not to indulge in the use of tobacco (in any form), alcohol, or drugs, or attend functions where alcohol and drugs are present, being served, or consumed during any part of the season of participation. This does not preclude religious activities or special functions of the family (Colorado Law 18-13-122). Should the student-athlete violate any of the above, the following process will be followed:

A. The student-athlete, the coach, and the administrator will meet to discuss the violation and its consequences. This meeting is to take place as soon as possible after the violation. If a meeting with the parents is deemed necessary, it too will take place as soon as possible. Parents will be notified immediately as to the results of the conference and/or conferences.

B. The consequences may be suspension from the next competition. Stiffer penalties may be invoked if deemed appropriate by the coach, athletic director and other administrator(s) – (as deemed appropriate.) School/District administrators may be a part of the decision-making process.

C. Should the student-athlete choose to violate these rules a second time during the same season, there will be a second conference. At this time, the athlete may be suspended from athletics for the remainder of the season or school year. If the above infractions occur on school grounds or at school activities, PRHS/D-38 disciplinary procedures will be enforced.

I agree to the above rules for Palmer Ridge High School athletes. I understand the consequences listed above.

Signed ____________________________ Date _____________
( Student-Athlete)

I/We understand the above training rules for Palmer Ridge High School athletes. I/We agree to support these rules.

Signed ____________________________ Date _____________
( Parent/Guardian)

ANY/ALL D-38 POLICIES RELATING TO USE, POSSESSION, OR DISTRIBUTION OF DRUGS OR ALCOHOL ON SCHOOL PROPERTY OR AT SCHOOL EVENTS WILL TAKE PRIORITY OVER THIS “CONTRACT.”
STUDENT ELIGIBILITY INFORMATION FORM

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 CHSAA site).

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, 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.

ATHLETIC INSURANCE WAIVER

The coaches and administration of Lewis-Palmer School District 38 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 Permit/Permission to Publish form and medical insurance or equivalent medical protection (i.e. admittance to military hospital).

Please check one of 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: ___________________________
   2. Name of military medical facility: ___________________________

B. _____ We wish to purchase school insurance.

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

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 Name: __________________________________________
(Please Print)

Parent/Guardian Name: ______________________________________
(Please Print)

Parent/Guardian Signature: _________________________________

Date: ___________________________
Dear Parents:

We at Lewis-Palmer and Palmer Ridge high schools are changing our concussion testing program. We feel this new program is more in line with today's research and best practice standards. Below is information on our new program XlntBrain. Like our Impact test from before we ask that you sign below allowing us to get a baseline test and have the ability to perform post injury tests if/when be.

XLNTbrain LLC provides the first complete sports concussion management program for teams and individuals of all levels. XLNTbrain was formed after more than 25 years of studying the physiology of the brain and resulting behaviors caused from various stimuli and trauma.

**Recognize**

- **Concussion Education:** Online video training that comply with state-wide regulations about causes, symptoms of concussion and importance of correct concussion treatment.
- **Baseline Testing:** A balance and web-based neuro-cognitive test developed by XLNTbrain LLC before the start of the season to create a baseline measurement of reaction time, attention, inhibition, impulsivity, memory, information processing efficiency, and executive function. The test also assesses mood, anxiety, stress and emotionality, a major distinguishing factor from all other sports concussion tools currently on the market.

**Recover**

- **Recovery Care:** XLNTbrain helps answer the most common question, “when can I play again?” XLNTbrain created a tool that guides the decision-making process, giving all-involved individuals a recovery care plan that includes daily monitoring of symptoms, progressive physical and cognitive exertion exercises and a timeline to safely return to gameplay.

Parents, if you have any questions please feel free to reach out to your respective athletic trainers. We’re happy to help.

Thank you,

Pam Smith, PRHS (psmith@lewispalmer.org)
Lance McCorkle, PRHS
Scott Riley, LPHS (sriley@lewispalmer.org)
Nick Baker, LPHS

Parent Name:___________________________________________________________

Parent Signature:_______________________________________________________

Date:______________________________________________________________
We believe that one of our foremost educational objectives in working with young people in a sports setting is to foster the development of responsible and ethical behavior. For this reason, we would like each athlete and parent of the athlete to become familiar with these aspects of our athletic handbook and to indicate his/her awareness of this philosophy by signing below.

___________________________________________ ___________________
Student Athlete Date

___________________________________________ ___________________
Parent Date

Attendance at team meetings where this document has been handed out is sufficient in being made aware of the aspects of our athletic handbook.

This form must be signed & returned to Lance McCorkle – Palmer Ridge Athletics Director.