

Lewis-Palmer School District 38

Student Name \_\_\_\_\_

**PARENT OR GUARDIAN PERMIT**

WARNING: Although participation in supervised 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 and perhaps, FATAL ACCIDENTS MAY OCCUR. 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/activities for Lewis-Palmer High School, in baseball, basketball, cross country, football, golf, gymnastics, ice hockey, lacrosse, soccer, softball, spirit, swimming/diving, tennis, track and field, wrestling, volleyball.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**STATEMENT OF TRAINING RULES**

As a participant of athletics at Lewis-Palmer 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, LPHS/D-38 disciplinary procedures will be enforced.

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."

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

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## **Athletic Handbook Philosophy Awareness**

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.

I have obtained access and read the handbook from an online source or have received a hard copy from the athletic office.

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

## **CHSAA Competitors Brochure and bylaws acknowledgement.**

I have read and understand the CHSAA Eligibility Rules as documented here [http://www2.chsaa.org/about/pdf/Competitor's\\_Brochure\\_2020\\_2021.pdf](http://www2.chsaa.org/about/pdf/Competitor's_Brochure_2020_2021.pdf) as well as specifically read in the CHSAA Bylaws <https://chsaanow.com/tools/bylaws/>. I understand and acknowledge the inherent risks of participating in Athletics & Activities, INCLUDING THE RISK OF CORONAVIRUS DISEASE 2019 (COVID-19), and by signing this acknowledgement, I affirm my responsibility to prevent and report hazing, to report positive COVID-19 cases, and to ONLY PARTICIPATE WHEN HEALTHY. 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. The CHSAA retains athletic trainers for all Championship events. By signing below, you agree to allow CHSAA's on-site athletic trainer to administer medical attention as needed and to communicate follow-up care to your student-athlete, school coaches, school athletic trainers and/or parents.

Signed:

(Parent) \_\_\_\_\_

(Participant) \_\_\_\_\_

(School) \_\_\_\_\_

(Date) \_\_\_\_\_

# Lewis-Palmer High School

1300 Higby Road, Monument, CO 80132 - (719) 488-4732 - FAX (719) 488-4738

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## Insurance Form

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 a 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,

Lewis Palmer School District through our cooperation with Centura Health utilizes Sway mobile software to track and manage concussions. The Sway platform is an all-in-one accessible mobile solution to collect rapid objective data. Sway is available on both Apple and Android operating systems and meets HIPAA and FERPA privacy standards. It is widely used at the professional, collegiate, and high school levels. For the sake of group baseline testing, students will be asked to use their own mobile device. Students without a mobile device will be given one to complete the testing.

Sway helps answer the most common question, "when can I play again?". Sway has created a tool that guides the decision-making process, giving all involved individuals who have sustained a concussion a recovery care plan which includes daily monitoring of symptoms, balance, and memory which allows a safe return to play progression. The baseline testing is the first step and is completed at the start of the sports season. It determines each individual's "normal" for reaction time, inspection time, impulse control, balance, and memory.

Sway data is used in conjunction with physician and athletic trainer evaluation for the proper care of concussions. For more information about Sway you can go to this URL: <https://www.swaymedical.com/>

Please return this form with the appropriate signatures. If you have any further questions regarding this program please feel free to contact us, we are happy to help.

Thank you,

Pam Smith, PRHS Athletic Trainer ([psmith@lewispalmer.org](mailto:psmith@lewispalmer.org))

Lance McCorkle, PRHS Athletic Director

Scott Riley, LPHS Athletic Trainer ([sriley@lewispalmer.org](mailto:sriley@lewispalmer.org))

Nick Baker, LPHS Athletic Director

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

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Lewis-Palmer High School Emergency Form:

Name of Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Phone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Family Doctor/Dentist:

1: \_\_\_\_\_ Phone: \_\_\_\_\_

2: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Consent: Parents are expected to transport their own children from school to home or from school to doctor's office except in cases of dire emergency. In the event of an emergency or acute illness, we shall attempt to notify the parent first. If neither parents nor the persons named on this form can be contacted, the school officials are hereby authorized to take whatever action, including the use of an ambulance, is deemed necessary in their judgement for the health of the aforesaid student.

I, the undersigned, do hereby authorize officials of Lewis-Palmer High School to contact directly the persons named on this form and do authorize the named physician or dentist to render such treatment as may be deemed necessary in an emergency for the health of the said student. In the event the named physician or dentist is not available at the time of the student's emergency, I hereby authorize the physician or dentist to whom the student is subsequently referred to render such treatment as may be necessary for the health of said student.

I will not hold Lewis-Palmer High School or District #38 financially or legally responsible for the emergency care and/or transportation for such student.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_