

**ELIZABETH HIGH SCHOOL**  
**ATHLETIC REGISTRATION PACKET**

**2018-2019**

**(1/2) PHYSICAL EXAMINATION AND PARENT PERMIT FOR  
ATHLETIC PARTICIPATION (PARTS I, II, AND III)  
(PHYSICAL MUST BE CURRENT/LESS THAN 365 DAYS)**

**(3) SCHOOL ATTENDANCE POLICY**

**(4) EXTRACURRICULAR ACTIVITY PARTICIPATION RULES**

**(5) CHSAA BYLAWS - PARENT & STUDENT**

**(6) STUDENT ATHLETE/PARENT CONCUSSION FORM**

**(7) WARNING TO STUDENTS AND PARENTS**

**(8) PARENT'S PLEDGE**

**(9) ATHLETIC FEE: \$175 FOR ALL SPORTS (PERSONAL CHECKS  
MUST HAVE A VALID DRIVER'S LICENSE I.D. REFERENCED ON  
THE CHECK)**



# 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.

MEDICAL HISTORY OF STUDENT & FAMILY		YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY		YES	NO
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	32.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently taking any prescription or non-prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Date of last head injury or concussion:		
5.	Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36.	Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37.	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection			42.	When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	44.	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	47.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	48.	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	49.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	50.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	51.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	52.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	53.	What is the date of your last Tetanus immunization? Date: _____		
23.	Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>			
24.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	54.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	55.	Age when you had your first menstrual period?		
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	56.	How many periods have you had in the last 12 months?		
27.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	57.	Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here:			
29.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>				
30.	Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>				
31.	Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>				

**PART III -- PHYSICAL EXAMINATION**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Tanner Stage or Maturation Index? (males only): \_\_\_\_\_ BP: \_\_\_\_\_

\*Percent Body Fat: \_\_\_\_\_ Pulse: \*(rest) \_\_\_\_\_

\*Audiogram \_\_\_\_\_ \*(Exercise) \_\_\_\_\_

\*Vision: Corrected: (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \*(Recovery) \_\_\_\_\_

UnCorrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \*(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			^Neurophys. 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 \_\_\_\_\_

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

Athlete's Signature: \_\_\_\_\_

## School Attendance Policy

Participants must be full time students, enrolled in a course that will earn a minimum of 2 1/2 Carnegie units of credit per semester.

Students must be in attendance at school all day in order to participate in any school-sponsored activity that is conducted on that day. In case of emergency or extenuating circumstances, the principal or designee may grant an exception to this limitation if notified prior to the absence occurring. The absence must be for a pre-arranged appointment to still be able to participate. Students returning from a medical/dental appointment must present a note from the doctor's office stating if they are or are not cleared to participate in the sport.

Print Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Extracurricular Activity Training Rules July 2018**

Extracurricular activities provide wide important educational opportunities for students at Elizabeth High School. A number of diverse programs are offered in an attempt to appeal to a multitude of interests. Studies have shown that participation in extracurricular activities enhances academic performance. Additionally, it is through these activities that individuals will be faced with situations that emulate real life challenges – conditions that are often difficult to teach in a traditional classroom setting. All students who participate in extracurricular activities become representatives of our school, community and state – thus, such activities are a privilege and not a right. However, it is the goal of EHS to create a balance between high expectations and encouraging each and every student to participate. In view of our staff and community desires for the health and overall wellbeing of our students, it is important we remain judicious in preventing students from participating in harmful and illegal activities. Therefore, it is understood students are required to adhere to these expectations. For the purpose of this policy, extracurricular activities will include all events and activities sponsored by the Colorado High School of Activities Association (CHSAA). All violations will be accumulative for the entire high school career.

### **USE, SALE OR POSSESSION OF TOBACCO AT ANY TIME, IN ANY PLACE AND IN ANY FORM:**

**1<sup>ST</sup> Violation:** Loss of eligibility from 20% of contests in the next sport competed. During this time, the student will be expected to attend all practices and perform other duties as assigned by the coach or sponsor. Athletes must attend all home games during the suspension, but may not dress out nor sit on the team bench.

**2<sup>nd</sup> Violation:** Loss of eligibility from 50% of the contests in the next sport competed.

**3<sup>rd</sup> Violation:** Loss of all eligibility for one calendar year.

**4<sup>th</sup> Violation:** Loss of all eligibility for the remainder of high school.

### **USE, POSSESSION OR DISTRIBUTION OF ALCOHOL, AN ILLEGAL SUBSTANCE OR REPRESENTATION THEREOF, OR DRUG PARAPHERNALIA AT ANY TIME, IN ANY PLACE AND IN ANY FORM DURING THE SCHOOL YEAR:**

### **DURING THE SUMMER IF THE ATHLETE IS CONVICTED OF USE, POSSESSION OR DISTRIBUTION THE ATHLETE WILL STILL BE IN VIOLATION.**

**1<sup>ST</sup> Violation:** Loss of eligibility from 20% of contests in the next sport competed. During this time, the students will be expected to attend all practices and perform other duties as assigned by the coach or sponsor. Athletes must attend all home games during the suspension, but may not dress out nor sit on the team bench.

**2<sup>nd</sup> Violation:** Loss of eligibility from 50% of the contests in the next sport competed.

**3<sup>rd</sup> Violation:** Loss of all eligibility for one calendar year.

**4<sup>th</sup> Violation:** Loss of all eligibility for the remainder of high school.

Depending upon timing, violation consequences will carry-over to the following school year and will apply to the next completed activity.

Any student who violates either of the above rules forfeits the opportunity to be nominated for any postseason honors and/or awards. Students who receive a 2<sup>nd</sup> violation of the aforementioned policies will not be allowed to letter for the season. Students who come forward upon first ever infraction of this policy may reduce the amount of time they are ineligible by 50%.

**Training Rules Percentages for Violations**

<b>Sport</b>	<b>10%</b>	<b>20%</b>	<b>50%</b>	
Baseball	2	4	10	Games
Basketball	2	5	12	Games
Cheerleading	Dependent upon season. Fall equal to Volleyball, Winter equal to Basketball			
Cross Country	1	2	6	Meets
Football	1	2	5	Games
Golf	20	40	100	Holes
Gymnastics	1	2	6	Matches
Soccer	2	3	8	Games
Softball	2	4	10	Games
Track	1	2	6	Meets
Volleyball	2	4	10	Matches
Wrestling	3	6	15	Points

**Please return the signatures below to the Elizabeth High School Athletic Office.**



**I have read the above training rules and agree to abide by them.**

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# CHSAA BYLAWS – PARENT & STUDENT INFORMATION

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**\*Per Bylaw 1800.74, CHSAA requires that all information provided in regards to any aspect of the eligibility of a student must be true, correct, accurate, complete and/or not false; penalty for providing false information is ineligibility and/or forfeitures.**

A student's participation in high school activities is dependent on his/her eligibility. Protect that eligibility. Read the following summary of Colorado High School Activities Association rules that govern a student's participation. Students and parents alike need to review these rules and ask questions of their coaches/directors, athletic director and school administrators.

**\*\*Per Bylaw 1720.1, Please review the following information and acknowledge your understanding of the CHSAA Bylaws by signing at the end and submitting to your School's Athletic Director. Click the blue underlined links to be directed to the CHSAA Bylaws.**

## The CHSAA

The Colorado High School Activities Association has been the governing body of high school athletics and activities (speech, student council and music) in our state since 1921. Our Code of Ethics is integral to our Mission and Vision. The student's school is a voluntary member of the CHSAA and has agreed to follow its rules. Both your school and the Association believe in equal competition among schools and the close relationship between academics and activities.

### I. Discrimination (300)

A student-participant will not participate in or condone unfair discriminatory practices against a fellow participant due to age, gender, race, ethnicity, religion, sexual orientation, or disability, nor shall the student be discriminated against under the same criteria.

### II. Hazing & Bullying (1710.2)

As a student-participant, I will not be the organizer of, or participant in an activity constituting hazing. Hazing is defined as any conduct or method of initiation, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include but is not limited to whipping, beating, branding, forced behaviors involving, food, alcohol, drugs or other substances, destruction of property, and/or brutal treatment or forced physical/sexual activity which is likely to adversely affect the physical health or safety of the student or any other person.

## The CHSAA Rules of Participation

### Academic (1710)

A school must select one of three options for determining the eligibility of all its students, and schools have the right to impose stricter standards.

### Make-up Work (1740)

Each student must be academically eligible in accordance with the above section at the time of participation and during the previous semester. Make up work shall not be permitted after the close of the semester for the purpose of becoming eligible. (Cases involving special circumstances should be referred to your principal.)

If eligibility has been lost from a previous semester, students may regain their athletic eligibility on the sixth Thursday following Labor Day (1<sup>st</sup> semester) and the Friday immediately prior to March 10<sup>th</sup> (2<sup>nd</sup> semester).

Summer school credits accepted by the school may be used to replace credits in subjects failed during previous semesters.

Dropping a class may make you ineligible. If you play while ineligible, you may cause your team to forfeit any contests in which you played.

### 1. Citizenship (1710)

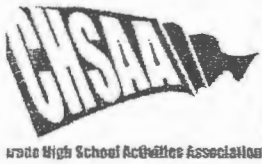
The school principal must approve the student to be a representative of the school's standards of citizenship, conduct and sportsmanship.

### 2. Conduct – Ejections (2200)

If a student is ejected from a contest for unsportsmanlike conduct, he/she will be ineligible for the next scheduled match or contest played at that level including qualifying and state contests. The student may not participate in any contests at any other level during this period. For the season, the student will be permitted to compete in one fewer contest than the maximum allowed each participant in the sport.

A second ejection during the season shall result in a 2 contest suspension. A third ejection will result in a review of the student's future eligibility by the CHSAA Commissioner.

If a student is ejected in the final contest of a season, he/she is ineligible for the first contest of the next sport in which he/she competes and completes the season. Players leaving the bench during a fight shall be ejected and ineligible for the next contest.



# CHSAA BYLAWS – PARENT & STUDENT INFORMATION

### 3. Outside Competition (2100)

As a member of any high school team, a student may practice or compete in that sport during that sport season in a non-school event with prior written permission of the principal.

Members of high school teams may compete in non-school events in that sport without written permission on the day following the completion of the season for the level (freshman, sophomore, junior varsity, varsity) of the team on which they are competing. NOTE: A student becomes subject to the outside competition rule on or after the first date of formal practice, when he or she reports out for practice and is in contention for a berth on the team.

### 4. Undergraduate (1710)

A student may not be a graduate of any high school and participate in high school athletics.

### 5. Recruiting (1810)

Any recruiting based on athletic ability or interest is prohibited.

### 6. Age (1770)

A student's 19th birthday must fall on or after August 1 of the current school year. Exceptions to this rule, based on educational handicaps, may be requested, provided the student's original class has not graduated.

### 7. Semesters (1770.2)

Upon entering high school, a student's eligibility will continue only until his/her original class graduates. Once entering ninth grade, a student has eight consecutive semesters of eligibility. NOTE: If a student drops out of school or misses competition due to an injury, he/she will not receive additional eligibility.

### 8. Seasons (1700.2)

A student is allowed a maximum of 4 seasons in any sport.

### 9. Physical Exam (1780)

A student may not practice or compete (music, student council and speech participants are exempt) without a physical exam that is:

- Signed by an MD, DO, chiropractor who is school physical certified (DC, SPC), nurse practitioner or physician's assistant licensed by the State of Colorado.
- Current within the last 12 months.
- On file with principal or athletic director prior to first practice.

### 10. Practice (2310)

A total of 5 different days of practice is required before participating in any interscholastic game or scrimmage (*except football which needs 9 days*). OTHER EXCEPTIONS: (A) Golf, skiing, softball and tennis players. (B) Participants in state playoff games completed on or after the first day of formal practice.

No contact between a coach and player is allowed on Sundays during the school year unless it is for a social, academic or service related activity that is strictly voluntary. A student cannot be required to practice or compete outside of the season as a condition of making the team.

### 11. Transfer Rule (1800)

**NEW:** Anytime a student moves from one school to another, the student is considered a "transfer" student; eligibility must be applied for through paperwork initiated by the previous school, and verified by the current school.

A student who participates in a formal practice at the beginning of the school year and then transfers without a parental move will be ineligible for varsity competition for the remainder of that sports season.

#### Athletic Transfer (1800.6)

Any transfer substantially motivated by athletic considerations will cause the student to be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer.

#### Summer Transfer (1800.5)

A transfer from one high school to another during the summer without a permanent change of domicile by the student and his/her family to the attendance area of the new school will render the student ineligible for varsity competition for the first half of the season in any sport in which the student competed during the previous 12 months. The student may practice with the team and play at the sub-varsity level during this period of restricted participation.

#### Mid-year Transfer (1800.6)

A student who transfers after the start of the school year without an accompanying family move shall:

- Have restricted (sub-varsity) eligibility for the remainder of that school year in sports played in the last 12 months.

- In the next school year, the student will have only sub-varsity eligibility for the first 50% of the season in those sports played 12 months prior to the move





# CHSAA BYLAWS – PARENT & STUDENT INFORMATION

### Transfer with Club Coach or Previous Coach (1800.6)

A student transferring or moving for any reason to a new school where the student's non-school coach is also a coach of the school team, is considered to be attending for athletic purposes. The student, as a result of this transfer, will be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer. If a student transfers to a school where his/her previous coach is a coach of the current school team, that move will be deemed motivated by athletic consideration.

As used in this Rule, the coach may be a former school coach or non-school coach and the term "coach" includes any person who coaches, volunteers (regardless of compensation) or assists in any capacity with the coaching or training of the school or non-school team.

### General Transfer Information (1800)

It is the student's responsibility to know the CHSAA Transfer Rule and how it affects that student's eligibility. The CHSAA Commissioner may grant exceptions to this rule in unusual cases. Only schools may submit a waiver. If a waiver of the transfer rule is requested, the student is not eligible until the waiver is approved by the CHSAA Commissioner.

Transfer cases involving separation and/or divorce proceedings should be reviewed with the school administration.

### 15. Awards (2010)

Individuals participating in any interscholastic athletic/activity sponsored and/or approved by the Association shall not accept cash or merchandise awards. Awards must be symbolic in nature with no functional or intrinsic value with a cost of no more than \$50.00.

### 16. Amateur (2000)

If a student participates in a CHSAA approved sport, in other than CHSAA competition, his/her amateur status is determined by the rules of the amateur governing body of that sport. Amateur status of Colorado high school athletes applies only to sports sanctioned by the CHSAA.

### 17. Bullying & Hazing (1710.2)

The Colorado High School Activities Association, in conjunction with its member school, prohibits bullying, hazing, intimidation or threats. Hazing includes humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in any CHSAA sanctioned activity. I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.

*After reviewing the above information, if you still have questions, please contact your school's athletic director. This list is by no means inclusive; however, it is intended to outline the most common questions and bylaws. For more information, please visit our website CHSAANow.com.*

## Checklist for Student Eligibility

*If a student cannot check any of the items, he/she needs to contact the athletic director or principal.*

- At least 5 full credit classes.
- Will abide by the rules as outlined and/or defined by school's academic plan.
- Physical exam within the last calendar year.
- Parent permit form on file at the school.
- Have not changed schools during the current school year without a corresponding move by parents.
- Will not or have not turned 19 before August 1.
- Has not been in high school longer than 8 consecutive semesters.
- Will not play more than 4 seasons in any sport.
- Will not compete or practice in any non-school events in my sport once reporting out for the team, without the permission of my principal.
- Has complied with all other school, district, and local eligibility requirements.

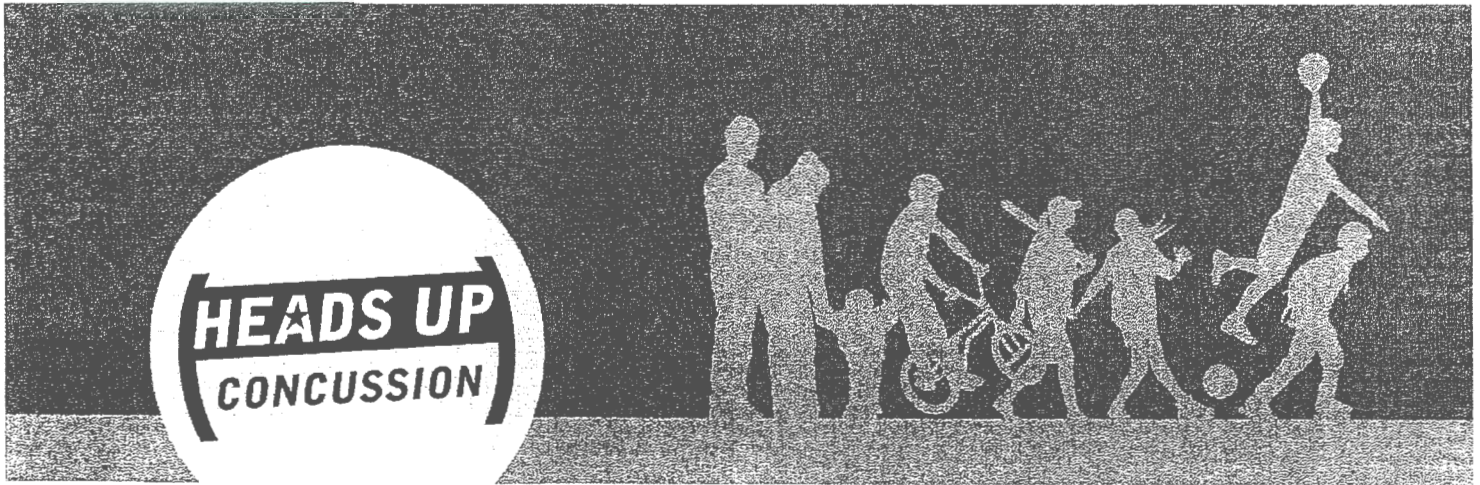
I have read and understand the CHSAA Eligibility Rules as documented here as well as specifically read in the CHSAA Bylaws. I understand and acknowledge the inherent risks of participating in Athletics and by signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also 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.

Signed: \_\_\_\_\_ (Parent)

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

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

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



**Elizabeth High School**

## **FACT SHEET FOR HIGH SCHOOL ATHLETES**

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

### **WHAT IS A CONCUSSION?**

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

### **WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?**

#### **REPORT IT.**

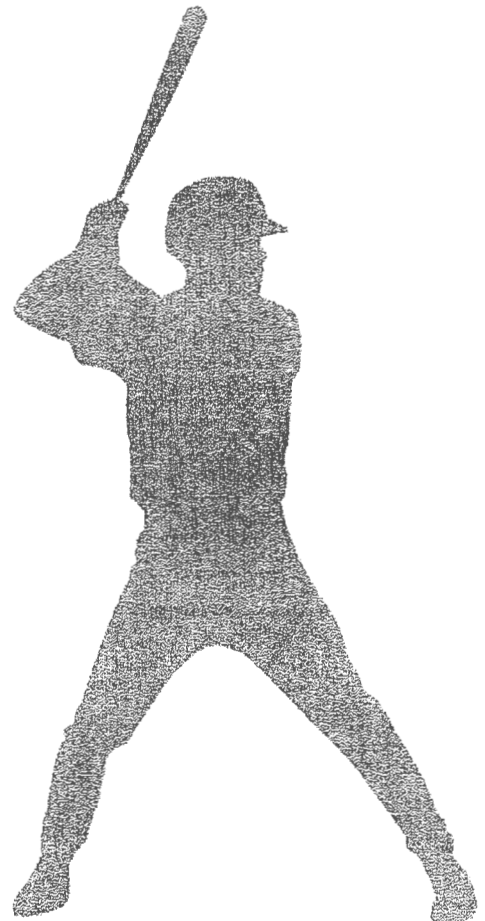
Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

#### **GET CHECKED OUT.**

If you think you have a concussion, do not return to play on the day of the injury. Only a health care provider can tell if you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.

#### **GIVE YOUR BRAIN TIME TO HEAL.**

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.



## WHY SHOULD I TELL MY COACH AND PARENT ABOUT MY SYMPTOMS?

- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

## HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

- Get a headache
- Feel dizzy, sluggish, or foggy
- Are bothered by light or noise
- Have double or blurry vision
- Vomit or feel sick to your stomach
- Have trouble focusing or problems remembering
- Feel more emotional or "down"
- Feel confused
- Have problems with sleep

Concussion symptoms usually show up right away, but you might not notice that something "isn't right" for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.

## HOW CAN I HELP MY TEAM?

### PROTECT YOUR BRAIN.

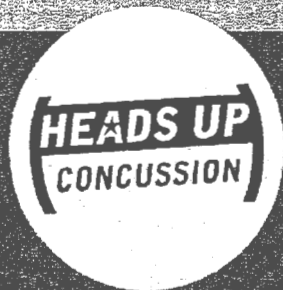
Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.

### BE A TEAM PLAYER.

You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

### GOOD TEAMMATES KNOW:

**"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."**



TO LEARN MORE GO TO

>> [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

JOIN THE CONVERSATION AT

↳ [www.facebook.com/CDCHEADSUP](https://www.facebook.com/CDCHEADSUP)

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

## Student-Athlete & Parent/Legal Guardian Concussion Responsibility and Acknowledgment

Student-Athlete Name: \_\_\_\_\_

Parent/Legal Guardian Name (s): \_\_\_\_\_

After reading the information sheet, I am aware of the following information:

Students-Athlete Initials		Parent/Legal 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 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
	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 health care provider* to return to play or practice after a concussion	
	Most concussions take day's weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger sings such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	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 the concussion symptoms go away	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion information Sheet	

\*Health care provider means a Colorado licensed doctor of medicine, doctor of osteopathic medicine, licensed nurse practitioner, licensed physician assistant, or licensed doctor of psychology with training in neurophysiology or concussion evaluation and management

Signed \_\_\_\_\_  
Parent or Guardian

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Student-Athlet

Date \_\_\_\_\_

# WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school athletic director for further information.

Instruction: Sign both copies, retain one for your records, and return the other to your school.

Student's Name \_\_\_\_\_ Sport(s) \_\_\_\_\_

This will acknowledge that we have read  
and understand the material contained  
in the NOTICE TO ATHLETES AND  
PARENTS OR GUARDIANS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Signed \_\_\_\_\_  
Parent or Guardian

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Student

Date \_\_\_\_\_

## PARENT'S PLEDGE

Cooperation among coaches, athletes, parents, and school personnel is essential if students are to realize the values of athletic participation. Like coaches and athletes, parents must make commitments to the athletic program to assure such cooperation. We ask that you read and agree to the following Pledge and, as needed, discuss your reactions with your child's coach or the Athletic Director. Thank you for your help and for your support of EHS Athletics.

As a parent/guardian of a student-athlete and a fan of EHS Athletics, I pledge:

1. To accompany my child to as many orientation and informational meetings offered by the athletic department as my schedule will permit.
2. To work closely with all school personnel to assure an appropriate academic as well as athletic experience for my child while he or she is in high school.
3. To assure that my child will attend all scheduled practices and athletic contests.
4. To require my child to abide by all training rules.
5. To acknowledge the ultimate authority of the coach to determine strategy and player selection.
6. To promote mature behavior from spectators during athletic contests.
7. To work cooperatively with other parents and school personnel to assure a wholesome and successful athletic program for our school.
8. To show respect for coaches, opponents, other parents, officials, and game workers at all times.
9. To work closely with coaches and other school personnel to identify a reasonable and realistic future for my child as a student athlete, both in high school and in college.
10. To represent Elizabeth High school, its athletic program, and my student-athlete in a positive manner. Good Sportsmanship is a core value of CHSAA as well as EHS.

I have read the above statements, and I agree to represent Elizabeth High School and all of the student-athletes in a respectful manner.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date

## PARENT/ATHLETE/COACH COMMUNICATION GUIDE

### ***EHS Philosophy:***

- Athletic achievement requires sincere commitment from all athletes, parents, coaches, and administrators. For success, effective communication must occur.
- The EHS athletic department and administration believe strongly in being supportive of the coaching staff and accessible to parents.
- We are continually attempting to improve communication with the students and parents. For our programs to be truly successful, it is necessary that everyone understand the focus and direction of the program.

### ***Expectations for Parents:***

- A. Be supportive on the sidelines or in the stands! Attendance is a privilege, not a right.**
  - a. Unsportsmanlike behavior may result in removal from games or events.
- B. Do not air your grievances with your athlete. Be there to support them and to listen.**
  - a. Listen to your student-athlete and help them problem solve. They will become stronger adults with parents having them solve their own problems when applicable. Encourage them to discuss their situation with a coach that they have bonded with on the team.
- C. It is reasonable to expect your child's coach to inform you:**
  - a. When and where practices and contests are held.
  - b. About his or her coaching philosophy.
  - c. About the expectations he or she has for all athletes on the squad as well as your specific child.
  - d. What is required to be a part of the team, i.e., fees, special equipment, off-season programs, letter requirements, etc.
  - e. If your child is injured during participation in a practice or contest.
  - f. Whenever any disciplinary action results in your son or daughter being denied participation in a practice or contest.
- D. Typical concerns of parents that are appropriate to discuss with a coach are:**
  - a. Any unhealthy mental or physical strain you detect in your child at home (especially when it affects his or her academic performance).
  - b. How you can contribute to your child's skill improvement and development.
  - c. Any dramatic changes you detect in your child's behavior.
- E. It is inappropriate to discuss with a coach:**
  - a. Playing time - it is expected that the student-athlete initially conducts this conversation.
  - b. Team strategy or play calling
  - c. Other student-athletes
- F. Coaches often need parents to call them with:**
  - d. Any specific health concerns about your son or daughter expressed directly and informally to the head coach at a mutually convenient time.
  - e. Notification of schedule conflicts well in advance.
  - f. Your commitment to the program and how you plan to make a contribution to the program's success. For example, one way is to be sure that your child is at practice every day, on time, and to ensure that your child gets enough rest and nutrition at home.
  - g. Strategies that have worked for you in dealing with your son or daughter being successful in the past.

### ***Parental Concerns:***

- **If you have a concern to discuss with the coach, what procedure should you follow?** (Please see the Chain of Communication in the Athletic/Activity Handbook)
  - a. Have your student-athlete talk to the coach first, if applicable. If not –
  - b. Make an appointment with the coach. Never approach the coach on game day unless the coach requests this.
  - c. If the coach cannot be reached, call the Athletic Director to set up a meeting.
  - d. Please DO NOT attempt to confront a coach before, during, or following a contest or practice. These can be busy and emotional times for both the parent and the coach, and this period does not promote objective analysis of the situation.
- **What should you do if the meeting with the coach does not result in a solution to the problem?**
  - a. Call the Athletic Director to set up an appointment to discuss the situation.
  - b. At the meeting, the next steps can be determined.