

ELIZABETH MIDDLE SCHOOL
INTERSCHOLASTIC PARTICIPANT FORM

GRADE: _____ SCHOOL (If not a student of EMS): _____

NAME: _____ BIRTH DATE: _____ AGE: _____ SEX: _____

ADDRESS: _____ CITY/ZIP: _____

PARENT/GUARDIAN'S NAME: _____ HOME PHONE: _____

FATHER'S DAYTIME PHONE: _____ MOTHER'S DAYTIME PHONE: _____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

NAME: _____ PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

PARENT'S PREFERRED HOSPITAL: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined _____ and that the student was found physically fit to engage in school football, volleyball, cross country, basketball, wrestling, track. (Please cross out any sport in which the student should not participate).

Student's Birthday _____

Date of physical: _____
(Valid for 365 days unless rescinded)

Signed: _____
Physician (Must be signed by MD, DO, NP, PAC or DC)

PLEASE PRINT -

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

STATEMENT OF UNDERSTANDING

Registration Fee

The Board of Education has set the registration fee for Elizabeth Middle School athletics at **\$70.00 per sport** per athlete.

PLEASE INCLUDE YOUR DRIVERS LICENSE NUMBER ON YOUR CHECK.

General

One aspect of athletic participation, especially in these financial times for schools, is the possibility of getting cut from a sport. Each head coach establishes a feasible number of participants for each individual sport, based on playing time, needs of the team, etc. Other factors taken into consideration are athletic/sports ability, effort, attitude, academic standing, and the present and future needs of the program. The district's financial situation could also be a factor in setting maximum team limits. Coaches are encouraged to discuss this situation with athletes who may be cut. Intramural programs may be planned for those who do not make the team.

Academics

To be eligible to participate in interscholastic athletic events at EMS, the following policy will be followed: 1) all students participating are subject to the same eligibility rules; 2) one "F" or 2 "D's" in any Core or Elective subject will constitute ineligibility; 3) grading for eligibility purposes, as for report cards, is cumulative for each semester grading period. Eligibility status begins new at the beginning of each semester; 4) so we don't penalize students at the beginning of each new semester, students will be given one week grace period at the start of each semester; 5) students are given a 2-week grace period to begin the school year before eligibility rules take effect; 6) students who have failed for the year will be eligible to begin fall sports the following year, whether retained or promoted.

ELIZABETH SCHOOL DISTRICT C-1 TRAINING RULE CONTRACT

School officials, coaches of athletic teams and sponsors of student activities believe that students who are selected for the privilege of membership on teams, squads, performing groups, clubs and other school organizations should conduct themselves as responsible representatives of the school. In order to assure this conduct, coaches and sponsors enforce a Code of Conduct. Furthermore, members of teams and organizations who fail to abide by the Code of Conduct are subject to disciplinary action. Members of teams and organizations must always serve as exemplars of high moral character and must demonstrate appropriate academic commitment which is expected from all students. As recognized representatives of their school, members are expected to exhibit appropriate behavior during the season (activity) or out of season, in uniform or out of uniform, on campus or off campus.

The Elizabeth School District has as its primary goal the academic education of all students. Therefore, each coach or sponsor has the obligation to encourage students to perform within reasonable academic standards. All students' use of tobacco products, alcoholic beverages, or possession or use of nonprescribed controlled substances or paraphernalia for their use will not be tolerated, and the violator will be subject to disciplinary action as prescribed in district policy.

We strongly disapprove of students staying home on school days to rest for events that day or night. The administration reserves the right to limit participation of students in cases of nonattendance at school. Rule enforcement will be consistent and immediate. School officials are not expected to police off-campus, nonschool activities unless the violation is brought to public attention, is sufficiently severe to bring discredit upon the organization, and is clearly proven.

Each coach or sponsor has the prerogative to establish additional rules pertaining to the activity supervised. These rules may include attendance at practices, study sessions, curfew, dress, and general conduct of participants during practices, contests, trips, etc. Rules set by the individual coach or sponsor must be in writing and approved by the Athletic/Activity Director and communicated to the student participants before the activity begins.

Students suspended from school for any reason will not be allowed to participate in activities or athletics while they are on suspension.

The administration will be notified of all violations of the Code of Conduct and the consequences of the infraction. In addition to penalties imposed by the Code of Conduct, such infractions will also be subject to appropriate Board of Education disciplinary policies.

My signature acknowledges that I understand the Code of Conduct regarding policies and procedures of the athletic department and agree to all conditions.

AS A PARENT OF _____, I have read the above rules and I understand that my son/daughter will be governed by these training rules as an athlete in the Elizabeth Schools athletic program.

Signature of Parent _____

Date _____

Student's Signature _____

Date _____

STUDENT AND PARENT OR GUARDIAN ADVISEMENT AND PERMIT

Colorado High School Activities Association Rules and Regulations state that no pupil shall participate in interscholastic activities until there is on file with the appropriate office: (a) a statement signed by his or her parent or legal guardian that he/she has the consent to participate and (b) a statement from a practicing physician certifying that the pupil is physically fit to participate in middle school interscholastic activities.

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 UNDERSTAND AND, BY THEIR PARTICIPATION, AGREE THAT THEY MUST AND WILL OBEY ALL SAFETY AND TRAINING RULES, FOLLOW DIRECTIVES OF THE COACHES, PROMPTLY REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR OWN EQUIPMENT DAILY. By signing this Permission Form parents and students acknowledge that they have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

We understand that coaches, trainers and team physicians may use their own judgment in securing medical aid and ambulance service in case of an emergency or in mild injuries where parents cannot be reached. Also, the team physician, trainer and/or coach may apply first aid treatment until the family physician can be contacted.

I have read the foregoing, acknowledge the "WARNING" above, accept the risks described and agree to abide by the principles and regulations contained therein.

Student's Signature _____

Date _____

I/we have read the foregoing, acknowledge the "WARNING" above, accept the risks described and hereby give consent for the above named student to participate in interscholastic athletics within the Elizabeth School District C-1 in the following Colorado High School Activities Association approved sports except those crossed out: Basketball, cross country, football, track and field, volleyball and wrestling. Consent includes managing and training unless crossed out.

Signature of Parent _____

Date _____

INTERSCHOLASTIC ACTIVITIES INSURANCE WAIVER

I/we fully understand the Elizabeth School District C-1 does not provide accident, health or life insurance coverage for the above named student while he/she is participating in the activities associated with interscholastic sports. I/we further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

Signature of Parent or Guardian _____

Date _____

ELIZABETH MIDDLE SCHOOL

Elizabeth School District C-1

Emergency Information

GRADE _____ **STUDENT ATTENDS:** ___ ELIZABETH MIDDLE SCHOOL ___ CHARTER SCHOOL ___ HOME SCHOOL

NAME: _____ **BIRTH DATE:** _____ **AGE:** _____ **SEX:** _____

ADDRESS: _____ **CITY/ZIP:** _____

PARENT/GUARDIAN'S NAME: _____ **HOME PHONE:** _____

FATHER'S DAYTIME PHONE: _____ **MOTHER'S DAYTIME PHONE:** _____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

NAME: _____ **PHONE:** _____

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PARENT'S PREFERRED HOSPITAL: _____ **PHONE:** _____

FAMILY DENTIST: _____ **PHONE:** _____

**** List special health concerns:** _____

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Signed (Parent or Guardian)

Date