

*Make sure your margins are set as wide as possible when you print these forms!*

## **ATHLETIC CHECK-IN INFORMATION**

Only One packet is needed for the current school year

### **WHAT YOU WILL NEED:**

➤ **COMPLETED ATHLETIC CHECK-IN PACKET**

You can fill out the forms online by downloading the forms or File>Save As...to save a copy to your desktop. Once you have completed the forms, print them, sign and date.

**(EVERY LINE ON ALL 4 FORMS MUST BE FILLED IN)**

➤ **MUST HAVE A CURRENT PHYSICAL WITH PHYSICIAN'S SIGNATURE**  
(Physicals are good for 12 months)

➤ **\$90.00 ATHLETIC FEE (each season)**

➤ **TRANSFERS (if you have attended another high school)**

**PICK UP TRANSFER PAPERWORK FROM YOUR SCHOOL ATHLETIC OFFICE**

➤ **CHECK WITH YOUR SCHOOL ATHLETIC OFFICE FOR ANY ADDITIONAL  
REGISTRATION FORMS REQUIRED BY YOUR SCHOOL**

*ATHLETES WILL NOT BE ALLOWED TO PARTICIPATE UNTIL ALL  
FORMS ARE COMPLETE AND TURNED IN WITH THE FEE TO YOUR  
SCHOOL ATHLETIC OFFICE*

If you are interested in obtaining low cost health insurance for your athlete, please contact Clinton Whatley (CCSD Insurance Outreach Liaison) at 720-554-5063 or visit the District website for more information. There is also an inexpensive healthcare option that is offered by the Cherry Creek School District. Look for information in your student's school registration packet.

*Make sure your margins are set as wide as possible when you print these forms!*



**ATHLETIC REGISTRATION 2010/2011**

(HAND CARRY TO ATHLETIC OFFICE WITH FEE – NO MAIL-INS ACCEPTED)

FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_ ID# \_\_\_\_\_  
(Name of Sport) (Name of Sport) (Name of Sport)

NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
(Last) (First) (MI)

Street \_\_\_\_\_ City \_\_\_\_\_

DOB \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Phone \_\_\_\_\_  
(Home) (Cell)

Father's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last) (First) (Business) (Cell)

Mother's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last) (First) (Business) (Cell)

Last School Attended \_\_\_\_\_ If transferred, date of transfer \_\_\_\_\_

Reason for transfer \_\_\_\_\_

Do you currently attend a private school? \_\_\_\_\_ School Name \_\_\_\_\_

Are you home-schooled? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Program: \_\_\_\_\_

**STATEMENT BY PHYSICIAN OR LICENSED PRACTITIONER FOR INTERSCHOLASTIC PARTICIPATION**

I hereby certify that I have examined the above mentioned student and find him/her physically fit to engage in high school baseball, basketball, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming, tennis, track and field, volleyball, wrestling, cheerleading and pom poms. (Please cross out any activity in which this student should not participate.)

Signature of Physician – Licensed Practitioner \_\_\_\_\_ Date: \_\_\_\_\_

**INTERSCHOLASTIC ACTIVITIES INSURANCE WAIVER**

This statement releases the Cherry Creek Schools of financial responsibility in case of accident/injury to my son/daughter while he/she is participating in interscholastic activities. I fully understand the Cherry Creek Schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However, accident insurance is made available by the School District through an authorized agent. I further understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

**OPTIONS: (Circle A, B, or C, and complete signature line.)**

- A. I feel my present insurance coverage is adequate. **Our Health Insurance carrier is** \_\_\_\_\_
- B. I am purchasing student accident insurance for the above named student through the authorized agent for the School District.
- C. I do not have accident or health insurance coverage for the above named student. I fully understand that I am responsible for any medical bills related to his/her participation in interscholastic activities while representing Cherry Creek School District schools.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE Date

**SPECTATOR CODE OF CONDUCT**

**Remember** that you are at a contest to support your team and to enjoy the skill and competition; not to intimidate or ridicule the other team and their fans, officials, or coaches from your own team.

**Student/athletes** are involved in organized sports for their enjoyment. Make it fun!

**Encourage** the student/athletes to play by the rules. Remember that children learn best by example, so applaud the good plays of both teams.

**By** showing a positive attitude toward the game and all of the participants, all players will benefit. Do not embarrass any athletes by yelling at players, coaches, or officials.

**Emphasize** Sportsmanship through your verbal and physical behavior.

**Know** and study the rules of the sport, and support the officials on and off the field/court. This approach will help in the development and support of the game. Any criticism of the officials only hurts the game.

**Applaud** a good effort in both victory and defeat, and enforce the positive points of the game.

**Recognize** the importance of coaches. They are important to the development of athletes and the sport. Communicate with them and support them.

**Be** a positive role model during and after all events.

**Remember** participating in athletics and being a fan in the stands is a privilege, not a right.

**If** in violation of any of the Spectator Code of Conduct, you will be either given a verbal warning or instructed to leave the sporting event by school personnel.

I have read the foregoing and will abide by the principles contained therein.

\_\_\_\_\_  
STUDENT SIGNATURE / Date

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE / Date

**CHERRY CREEK SCHOOL DISTRICT #5 2010/2011**  
**TRANSPORTATION AWARENESS – SITE MANAGEMENT – CONSENT AND RELEASE**

The Cherry Creek School District #5 (the District) provides District transportation for students to and from a great many activities, events, matches and games. However, the District is unable to provide District transportation in all circumstances and to all events. The nature of some sports, needing off-campus practice and meet sites, limits the district's capacity to bus on every occasion. In such instances, whether for practices or scheduled meets, it is the responsibility of the parent/guardian of the student to arrange the student's transportation to and from the event.

When District transportation is not available and other alternative forms of transportation are utilized, the District cannot and does not assume any responsibility for the safety, training of drivers, condition of vehicles, adequacy for the use of purpose intended or any other matters related to any non-District transportation.

Be further advised that school district personnel may not supervise certain golf practices, matches and tennis practices. Participation in the practices or matches rest with the student and their parent/guardian. The school district will not assume responsibility for the student's conduct or safety in connection with these practices and/or matches.

Therefore, we, the undersigned parent/guardian and student, hereby acknowledge, agree and understand that the District does not insure, endorse, approve or sponsor any form of non-District transportation, whether by parents, student or otherwise, to and from District off-campus activities or events. We further acknowledge it is our responsibility to provide or arrange for our/my child's transportation to District events when District transportation is not available. As such we consent to our child's use of alternative means of transportation, including private vehicles driven by parents, and, if applicable, consent to our child's use of a vehicle to transport himself/herself to off-campus events. We hereby waive, release, discharge and agree to hold harmless and indemnify the District, its agents, employees, insurers and Board of Education, from any claim, cause of action, damage, injury, or demand of any nature, including bodily injury, property damage or death, arising from or sustained during or as a result of my/our child's utilization of or participation in any non-District transportation, whether furnished by us, our student, parent or otherwise.

As a student participant in the Cherry Creek Schools athletic programs, I recognize the dangers associated with the issues described and I agree to assume the risk involved while participating.

**STUDENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

As the parent/guardian of the above-named student, I recognize the dangers associated with the issues described and consent to the participation of the above-named student.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**ARAPAHOE COUNTY H.S. INTERSCHOLASTIC PARTICIPANT - STUDENT AND PARENTAL ADVISEMENT**

No pupil, upon entering high school, shall participate in interscholastic activities until there is on file with the appropriate office, a statement signed by his/her parent or legal guardian, and a licensed practitioner certifying that the pupil is physically fit to participate in high school interscholastic activities, and that he/she has the consent of his/her parents, or legal guardian, to participate. **WARNING:** By its nature, participation in interscholastic athletics includes a risk of injury, which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. All student athletes should follow safety rules and the fundamental skills taught by their coaches to perform with the least chance of injury. Students should inspect their own equipment daily. Parents or students who do not wish to accept the risks described in this warning should not sign the Colorado High School Activities Association Statement by Physician and Parent for Athletic Participation nor their individual school participation card.

As evidenced by my/our signatures below, I/we understand and agree the coaches, trainers and/or other school designees may use their own judgment in securing medical aid and ambulance service in case of emergency or in mild injuries where parents cannot be reached, and that school officials are hereby authorized to take whatever action is deemed necessary. I/we further understand and agree that I am responsible for any expenses associated with ambulance transport and medical treatment administered in a medical facility as a result of any such emergency. Also, I/We agree the team trainer, coach and/or other school designee may apply first aid treatment until the family physician can be contacted.

I/We have read the foregoing, acknowledge the "WARNING" above, accept the risks described and agree to abide by the principles and regulations contained in this advisement.

\_\_\_\_\_  
**STUDENT 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 Cherry Creek School District No. 5.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read the foregoing, as well as the Interscholastic Activities handbook, and will abide by the principles and regulations contained therein.

\_\_\_\_\_  
**STUDENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read the foregoing, as well as the Interscholastic Activities Handbook, and approve participation for the above named student.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**CHERRY CREEK SCHOOL DISTRICT NO. 5  
HIGH SCHOOL SPONSORED ATHLETICS AND ACTIVITIES  
PARTICIPATION AGREEMENT**

In exchange for the opportunity to participate in the Cherry Creek School District No. 5's High School Sponsored Athletics and Activities Programs, (referred to as "HSAAP") and in accordance with applicable Board of Education Policies, I understand and agree to the following:

**Scope of Rules**

From the day a student first participates in a Cherry Creek School District HSAAP until that student graduates from high school, these rules remain in effect, throughout the school year, including weekends, vacations, and holidays, and regardless if the student is on or off school district property.

The consequences outlined in this Agreement are in addition to, not instead of, those the student may receive under the district's *Student Conduct and Discipline, Rights and Responsibilities* handbook, the Colorado High School Activities Association ("CHSAA") By-laws, coaches' team rules, or other sources. They represent minimum sanctions; the Principal or his/her designee may increase or modify these consequences in particular cases or in general as he or she deems appropriate.

Because students who participate in HSAAP are held to higher behavioral expectations, the principal or his/her designee may determine that a student's conduct constitutes grounds for imposing an HSAAP penalty under these rules, even when that conduct does not result in suspension or expulsion under the conduct and discipline code.

**General Expectations**

- Students participating in district HSAAP are expected to comply with all applicable Cherry Creek School District No. 5 Board of Education Policies, including but not limited to Policy JJI, *Interscholastic Athletics*, and its accompanying Regulation JJI-R.
- Students participating in district HSAAP are considered to be representatives of himself/herself, fellow team members, coaches, sponsors, teachers, the school, its student body, and the Cherry Creek School District. For these reasons, the participating student is expected to display the highest form of character, behavior and sportsmanship. If at any time, a student's actions bring harm or discredit to the organization of which the student is a member or to the school, the student may be subject to disciplinary action, including suspension and/or removal from the HSAAP.
- Students participating in district HSAAP are expected to maintain appropriate academic eligibility as described below.

**Academic Expectations**

- Eligibility for participation in athletics and specific activities as determined by CHSAA guidelines, the Centennial League, and applicable district policies.
- In accordance with Policy JJI, *Interscholastic Athletics*, a student is ineligible for most of the following quarter if h/she has failed more than one subject the semester preceding the season of competition.
- If the student is failing more than one course weekly, he/she will be ineligible for competition through the following week.
- Each participating student must be enrolled in a minimum of five hours of credit (2.5 Carnegie Units or equivalent) per semester. If not, the student is immediately ineligible to participate in the athletic program.

**Behavior Expectations**

- Students participating in district HSAAP agree to maintain an appearance and exhibit conduct in the classroom, school and community which is appropriate at all times.
- Students participating in district HSAAP agree not to violate district conduct and discipline policies, including but not limited to, district drug/alcohol/tobacco and weapons policies.
- Students participating in district HSAAP agree not to engage in behavior which is detrimental to the safety, welfare or morals of himself/herself, other students or school personnel.

**Consequences**

The following minimum consequences will result whenever the principal or his/her designee concludes that a student has engaged in a violation of school board policy or expectation under this agreement:

1. Referral to the appropriate coach or sponsor for disciplinary review and action.
2. Placement on probation for a number of days and/or upon such conditions as deemed appropriate.
3. Suspension from participation in a specific number of athletic or activity events. Such sanctions may include but not be limited to:
  - **First Offense:** For Athletics/Activities with 11 or fewer regular season contests/events, the student will be suspended for the next contest/event; for those with more than 11 regular season contests/events, the student will be suspended for the next two contests/events. These suspensions will be imposed whether or not the next contest/event is regular season or outside the regular season.
  - **Second Offense:** For Athletics/Activities with 11 or fewer regular season contests/events, the student will be suspended for the next two contests/events; for those with more than 11 regular season contests/events, the student will be suspended for the next four contests/events. These suspensions will be imposed whether or not the next contest/event is regular season or outside the regular season.
  - **Third Offense and/or continuing offenses:** Additional sanctions which could include some or all of the following: suspension from all HSSAP for one full year from the date of infraction; denial of the opportunity to obtain awards in the sport or activity; suspension from HSSAP for the remainder of the school year and/or extending into succeeding school years.

Nothing in these rules/expectations prohibits the Principal or his/her designee, or individual coaches from establishing and enforcing additional rules applicable to participation in district HSAAP. Notice of the imposition of sanctions shall be made in a timely manner by the Principal or his/her designee to the participating student and his/her parent(s)/guardian(s).

As evidenced by our signatures below, we acknowledge and agree we have read the terms and conditions of the above-referenced *Cherry Creek School District High School Athletics and Activities Participation Agreement*, and understand and agree that all participating students are subject to the terms and conditions contained in this Agreement, as well as the provisions of applicable school board policies while participating in these district programs.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**Date**

# ATHLETIC EMERGENCY INFORMATION 2010/2011

Cleared for competition (OFFICE USE ONLY)	Cleared for competition (OFFICE USE ONLY)	Cleared for competition (OFFICE USE ONLY)	Cleared for competition (OFFICE USE ONLY)
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Fall Sport \_\_\_\_\_ Winter Sport \_\_\_\_\_ Spring Sport \_\_\_\_\_  
(Name of Sport) (Name of Sport) (Name of Sport)

Grade \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Home Phone \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

If a student's parents cannot be contacted, please contact:

(1) Name (Relationship to Student) \_\_\_\_\_ Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

(2) Name (Relationship to Student) \_\_\_\_\_ Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

## INSURANCE INFORMATION

Name of Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Primary Person Insured \_\_\_\_\_

\_\_\_ Allergies \_\_\_ Allergies: Life Threatening \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_ Asthma \_\_\_ EpiPen \_\_\_ Medications: Current \_\_\_\_\_

\_\_\_ Diabetes \_\_\_ Orthopedic \_\_\_ Last DT/DPT Immunization \_\_\_\_\_ (mo) \_\_\_\_\_ (yr)

## AUTHORIZATION STATEMENT

(Please read and sign below)

This statement releases the Cherry Creek Schools of financial responsibility in case of accident/injury to my son/daughter while he/she is participating in interscholastic activities.

I fully understand the Cherry Creek Schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However voluntary student, accident insurance is made available by the School District through an authorized agent and may be purchased by you for your son/daughter. I further understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

**AUTHORIZATION STATEMENT** – I DO HEREBY AUTHORIZE OFFICIALS OF THE Cherry Creek School District to contact directly the persons named on this form in an emergency for the health of said child. In the event that parents/guardians or other persons named on this card cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child. If there is a medical emergency and the school is unable to reach me, I understand that 911 Emergency will be called and my child will be transported by ambulance to the designated medical facility or the nearest medical facility and given medical treatment by a qualified physician at my expense.

Date \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_