

**THOMPSON SCHOOL DISTRICT
CHECKLIST FOR ATHLETIC PARTICIPATION**

Check as completed	Revised 5/10/10
<p>_____</p> <p>_____</p> <p>_____</p>	<p>PART A - MEDICAL EVALUATION FORM</p> <p>Part I Medical History Complete with your parents and obtain signatures prior to physical examination.</p> <p>Part II Physical Examination Must be completed by a M.D., D.O., D.C., Spc. or nurse practitioner. Schedule your appointment well in advance - at least two months of your sports season. It is best to wear shorts and t-shirts to exam. To be valid, a physical must have been given within the last 365 calendar days.</p> <p>Part III Certification of Immunization, to be completed and signed by doctor by time of physical exam.</p> <p><i>All three parts are to be returned to the school office.</i></p>
	<p>Part B - PARENT PERMIT FOR ATHLETIC PARTICIPATION</p> <p>Read and complete with parent or guardian. Release must be signed by parent and <i>returned to the school office.</i></p>
	<p>Part C - ATHLETIC TRAINING/CONDUCT RULES AND STANDARDS FOR COMMUNICATION HANDBOOK</p> <p>All Penalties are minimums only, a school or team may choose to have harsher penalties.</p>
	<p>Part D - ACKNOWLEDGMENT FORM FOR CODE OF CONDUCT, TRAINING RULES AND STANDARDS FOR COMMUNICATION</p> <p>Must be signed by the parent and student and <i>returned to the school office.</i></p>
	<p>Part E - ATHLETIC INJURY/EMERGENCY CARD</p> <p>Must be signed and completed. (This must be completed at the beginning of each season of participation.)</p>
	<p>ATHLETIC FEE:</p> <p>A \$125 high school/\$50 middle school/or \$20 intramural <i>athletic fee must be paid</i> before the issuance of a clearance card. There is a yearly maximum of \$450 per family, \$125 for middle school and \$325 per high school, which also includes the fee collected for Knowledge Bowl, Band, Choir, Orchestra and Forensics. Those students on the free/reduced lunch program may request a waiver from this fee. Any other students having a financial hardship may see the athletic director to discuss a waiver of the fee.</p>

A clearance card will be issued after all items listed and your fee or waiver has been submitted. Report to the coach with the clearance card. No participation will be allowed until a clearance card has been given to the coach. A new clearance card must be requested (and the fee paid) at the beginning of each sport season in which the student participates. (Check with your school office for specific school variations to this procedure.)

Part I

History

Date _____ Personal Physician _____

Name _____ Sex _____ Age _____ Date of Birth _____

Explain "Yes" answers below:

1. Have you ever been hospitalized? Yes No
Have you ever had surgery? Yes No
2. Are you presently taking any medications or pills? Yes No
3. Do you have any allergies (medicine, bees, or other stinging insects)? Yes No
4. Have you ever passed out during or after exercise? Yes No
Have you ever been dizzy during or after exercise? Yes No
Have you ever had chest pain during or after exercise? Yes No
Do you tire more quickly than your friends during exercise? Yes No
5. Do you have any skin problems (itching, rashes, acne)? Yes No
6. Have you ever had a head injury? Yes No
Have you ever been knocked out or unconscious? Yes No
Have you ever had a seizure? Yes No
Have you ever had a stinger, burner or pinched nerve? Yes No
7. Have you ever had heat or muscle cramps? Yes No
Have you ever been dizzy or passed out in the heat? Yes No
8. Do you have trouble breathing or do you cough during or after activity? Yes No
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard eye guard, etc.)? Yes No
10. Have you had any problems with your eyes or vision? Yes No
Do you wear glasses or contacts or protective eye wear? Yes No
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated or other injuries of any bones or joints? Yes No
 Head Shoulder Thigh Neck Elbow Knee Chest Foot
 Forearm Shin/calf Back Wrist Ankle Hip Hand
12. Have you had any other medical problems (infectious mononucleosis diabetes, etc.) Yes No
13. Have you had a medical problem or injury since your last evaluation? Yes No
14. When was your last tetanus shot? _____
When was your last measles immunization? _____
15. When was your first menstrual period? _____
When was your last menstrual period? _____
What was the longest time between your periods last year? _____

Explain "yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date: _____

Signature of athlete: _____

Signature of parent/guardian: _____

Part II

Physical Examination

Name _____ Age _____ Date of Birth _____

L I M I T E D	Height _____ Weight _____ BP _____/_____/_____ Pulse _____ G					
	Vision R 20/_____/_____ L 20/_____/_____ Corrected: Y N Pupils _____ G					
	Normal	Abnormal Findings	Initials			
	Cardiopulmonary					
	Pulses					
	Heart					
	Lungs					
	Tanner stage	1	2	3	4	5
	Skin					
	C O M P L E T E	Abdominal				
Genitalia						
Musculoskeletal						
Neck						
Shoulder						
Elbow						
Wrist						
Hand						
Back						
Knee						
Ankle						
Foot						
Other						

CLEARANCE

A. Cleared

B. Cleared after completing evaluation/rehabilitation for:

C. Not cleared for: collision contact non-contact ___ strenuous ___ moderately strenuous ___ non strenuous

RECOMMENDATIONS: _____

NAME OF PHYSICIAN/ PA/ NURSE PRACTITIONER/ CERTIFIED-REGISTERED CHIROPRACTOR:

ADDRESS _____ **PHONE** _____

SIGNATURE OF MD/DO,PA/NA,DC-SPC# _____

DATE: _____

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT---CERTIFICATE OF IMMUNIZATION							
VACCINE		Enter date each immunization was given					
DTP/DTaP	Diphtheria-Tetanus-Pertussis (see footnote "c" below)						
Td/DT	Tetanus-Diphtheria						
OPV/IPV	Polio						
Hib	<i>Haemophilus influenzae</i> type b						Required for children < 5 yrs. of age. See footnote "j" below.
Measles	Measles						Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio and hepatitis B is acceptable. Attach written proof to this Certificate, or record test results and dates in the boxes at left.
Mumps	Mumps						
Rubella	Rubella						
HB	Hepatitis B						
Varicella	Chickenpox						History of disease. Yes _____ year (optional) _____ (See footnote "e" below)
Other							
To the best of my knowledge, the person named above has received the above immunizations.							
DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS ARE MET							
Signed _____ (Physician, nurse or school health authority)		Title _____		Date _____			

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

Vaccine	Level of School/Age of Student						
	Child Care 2-3 mos	Child Care 4-5 mos	Child Care 6-14 mos	Child Care 15-17 mos	Pre-school 18 mos-4 yrs	Grades K-12 5-18 yrs	College
Pertussis	1	2	3	3	4 *	5 b,+c,*	
Tetanus/Diphtheria	1	2	3	3	4 *	5 b,+d,*	
Polio e	1	2	2	2	3	4 f,+	
Measles/Mumps/Rubella e,g,+				1	1	2h	2 h,i
Haemophilus influenzae type b +	1	2	2	3/2/1 j	3/2/1 j		
Hepatitis B e,+	1	2	2	2	3	3 k	
Varicella e,+					1 g	1 g	
Pneumococcal Conjugate a,+	Delayed implementation						

See Table 2(on-back of certificate) for the year of implementation of **Measles, Mumps and Rubella (MMR-second dose), Hepatitis B (HB) and Varicella (VAR).**

Footnotes: (at school entry = newly entering a Colorado school)

* The requirements for the 4th and 5th doses of diphtheria, tetanus, and pertussis vaccines are temporarily suspended, effective 4/12/2001.

+ : Vaccine doses administered s 4 days before the minimum interval or age are to be counted as valid.

a: Delayed implementation of pneumococcal conjugate for children up to 24 months of age attending child care or preschool.

b: Five doses of pertussis, tetanus, and diphtheria vaccines are required *at school entry in Colorado* unless the 4th dose was given at < 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.

c: For students < 7 years who have not had the required number of pertussis doses, no new or additional doses are required.

d: Any student < 7 years *at school entry in Colorado* who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose if it is given > 6 months after the 2nd dose.

e: For polio, measles, mumps, rubella, or hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. For varicella, a laboratory test showing immunity or a disease history from a health care provider, parent, or guardian is acceptable.

f: Four doses of polio vaccine are required *at school entry in Colorado* unless the 3rd dose was given < 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required.

g: The 1st dose of measles, mumps, and rubella vaccine and varicella vaccine must have been administered at < 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

h: If the student received a 2nd measles dose prior to July 1, 1992, the 2nd rubella and mumps doses are not required. The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.

i: Measles, mumps, and rubella vaccine is not not required for college students born before January 1, 1957.

j: The number of Haemophilus influenzae type b (Hib) vaccine doses required depends on the student's current age and the age when the Hib vaccine was administered. If any dose is given < 15 months, the Hib vaccine requirement is met. For students who begin the series < 12 months, 3 doses are required of which at least 1 dose must be administered at < 12 months (i.e., on or after the 1st birthday). If the 1st dose is given at 12-14 months, 2 doses are required. If the current age is < 5 years, no new or additional doses are required.

k: Ages 11-15 only: hepatitis B vaccine approved specifically for a 2-dose series is acceptable for this age group with proper intervals and documentation. Consult your health care provider.

PART B. PARENT PERMIT FOR ATHLETIC PARTICIPATION

Student Name _____

Grade _____

Warning: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which the 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 OR DEATH. 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 TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT AND USE THEIR OWN EQUIPMENT DAILY.

The Thompson School District generally 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 or activities. When district transportation is not available, it is the student’s parent’s or guardian’s responsibility to provide or arrange for their student’s transportation to and from the event.

By signing this permit for athletic participation, 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 THE ABOVE NAMED STUDENT TO, (1) represent his/her school in approved athletic activities except those indicated on the physician’s statement form; (2) accompany any school team of which he/she is a member on its local or out-of-town trips; (3) receive, through a medical doctor, emergency medical technician, coach or certified athletic trainer of the school’s choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel. I understand that the cost of such medical care is my responsibility. I further agree not to hold the school, or anyone acting in its behalf, responsible for any injury occurring to the student in the proper course of such athletic activities or travel.

DATE _____

PARENT’S/GUARDIAN SIGNATURE _____

In compliance with school district policy, every student participating in an organized athletic program must be covered by appropriate medical/accident insurance and a release of liability by the parent or guardian for any injury or accident which may occur while participating in such programs. I agree to keep such insurance in force and effect; and I hereby assume full and complete financial responsibility relative to any injury or accident that occurs while participating in the athletic program, or traveling to and from such a program. **I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT HAS THE FOLLOWING INSURANCE COVERAGE:**

NAME OF INSURANCE _____ POLICY NUMBER _____

(If family medical insurance is not available, the student must purchase school-time medical insurance.) Information on this plan is available at the District Office Insurance Department.

**PART C. THOMPSON SCHOOL DISTRICT
ATHLETIC TRAINING/CONDUCT RULES**

I. INTRODUCTION AND OVERVIEW:

The purpose of Training/Conduct Rules is four-fold:

1. To provide for clarity, consistency and fairness in the application of participation, health and conduct rules for athletes.
2. To insure regular participation in practices, training sessions and competition, so that an organized program of learning and physical conditioning may be followed.
3. To promote health practices which are beneficial to the individual, and which allow the athlete to operate at maximum physical potential.
4. To promote conduct that will reflect credit upon the school, enhance team and individual morale, and provide practice in behavior patterns which encourage the development of desirable character traits.

Training/Conduct Rules are for the benefit of the individual and the team. Students who make a decision to participate in athletics must also decide to make a personal commitment to abide by the rules and procedures governing athletic competition, including training rules. The most effective result of such rules comes about due to self-imposition of the rules by athletes, because they realize that achievement is the result of personal effort, desire, and the willingness to give up some short-term pleasures for long-term results.

Failure to follow district athletic policies shall constitute grounds for suspension from practices, suspension from participation in interscholastic competition or other appropriate penalties when such conduct occurs on school grounds or during any school sponsored event, or at any time on or off school grounds. The training rules will be in effect year round. Once an athlete has signed the training rules agreement they will be expected to follow those rules until they graduate. The training rules are in effect both in-season and out-of-season.

Suspensions are cumulative for the school year, yet imposition of the penalty may, if need be, continue into the next school year. When suspension occurs, the coach/sponsor in cooperation with the building administration will impose the penalty, notifying all coaches, administrators, and parents in writing. The impositions of penalties by coaches are recommendations to the principal who has the authority to deviate from them when circumstances warrant. A student and/or his parents may appeal a decision using the communication process identified in this handout.

Once signed, students entering Thompson School District as 6th or 9th graders, enter with a clean slate at that level with regards to eligibility and these training rules. Once this document is signed, it is effective until the athlete’s graduation.

II. EXPECTATIONS:

As identified in this handout, coaches, parents, and athletes have expectations which pertain to participation in a sport. Concerns with these expectations should be addressed utilizing the communication process identified and proper solutions sought to remedy the situation.

TRAINING RULES DISCIPLINE GRID

LEVEL I REQUIREMENTS:	

Fees paid by start of first official practice Current physical Signed consent forms Insurance information Must be eligible by CHSAA, school and team standards	Ineligible to practice or compete until completed
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MUST MAINTAIN ELIGIBILITY DURING THE SEASON THROUGH PERIODIC ELIGIBILITY CHECKS.

LEVEL II VIOLATIONS: TRAINING AND CONDUCT RULES
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Enforced by coach	Consequences are at the coach's discretion
Violation	All Violations Per School Year
Violation of transportation rules	Suspended from next competition, demotion, or team imposed penalty at coach's discretion*
Profanity	Suspended from next competition, demotion, or team imposed penalty at coach's discretion*
Code of conduct/team specific rule violation (including school referrals)	Suspended from next competition, demotion, or team imposed penalty at coach's discretion*
Habitual truancy or violation of school rule	Suspended from next competition, demotion, or team imposed penalty at coach's discretion*
Breaking of minor Colorado Law	Suspended from next competition, demotion, or team imposed penalty at coach's discretion*
Bad sportsmanship	Suspended from next competition, demotion, or team imposed penalty at coach's discretion*
Violation of health practices adopted by team	Suspended from next competition, demotion, or team imposed penalty at coach's discretion*

Enforced by Coach/Athletic Administration	
Drop one sport for another without consent of both coaches	Not allowed to start second season until both coaches agree
Students enrolled in the district must be in attendance at school for the entire school day in order to participate in any school-sponsored activity that is conducted on that day.	In cases of emergency or extenuating circumstances, the principal or designee may grant an exception to this limitation.

CONTINUED INFRACTIONS CAN RESULT IN ADDITIONAL AND MORE SEVERE ACTIONS

LEVEL III VIOLATIONS: HEALTH AND CONDUCT

All Level III violations will be enforced by building administration and coach

Violation	1 st per level (6-8 or 9-12)	2 nd per level (6-8 or 9-12)	3 rd per level (6-8 or 9-12)	4 th per level (6-8 or 9-12)
Alcohol Drugs Tobacco	20% suspension from scheduled contests** OR 10% plus Counseling	50% suspension from scheduled contests**	Suspension from athletics for one calendar year from the date of the offense**	Suspension is permanent.
Vandalism * Theft* Assault* Hazing* Harassment* Possession of Weapons* Gang Activity*	20% suspension from scheduled contests** OR 10% plus Counseling	50% suspension from scheduled contests**	Suspension from athletics for one calendar year from the date of the offense**	Suspension is permanent.

*** Offenses for which students are suspended, occurring on or off school grounds. If the offense occurs during the summer the penalty can still be enforced during the athlete's next sport.**

If a student self reports a violation to a school administrator prior to being called into the office for questioning about an alleged incident, the following penalties will apply to a FIRST OFFENSE only: The 20% penalty will be reduced to a 10% penalty for games missed and a mandatory counseling session must be scheduled. Completion of the counseling session must be confirmed by the building athletic director. This counseling should be held promptly, but the athlete may return to play prior to completion of the counseling. If counseling is not completed, the athlete may not letter in the sport and will not be eligible for another sport until the terms of the punishment have been met. The athlete may still choose the 20% penalty in lieu of the counseling session.

Community service and/or counseling pertaining to the offense will be mandatory on any second offense. The athlete may be assigned up to 15 hours of community service by the building athletic director.

****Reinstatement to the team following a suspension is not automatic. Athletes must request a review of their cases by the building athletic director and coach if they wish to be reinstated. Suspensions may be continued indefinitely if willingness to conform to athletic rules is not indicated, or if the individual's attitude could present a detriment to the team or athletic program. Suspensions are to be served in consecutive contests figured as a percentage of the regular season schedule. All suspensions are for interscholastic competition and carry over into the next sport season of the athlete's participation, if the suspension is not completed during the current season. While suspended, the student is still expected to participate in practices and attend games.**

ATHLETIC TRAINING/CONDUCT RULES ACKNOWLEDGMENT

Read these rules and expectations carefully and take them home so that your parent(s) or guardian(s) may read them. Keep the copy of the training/conduct rules for your reference.

WE HEREBY CERTIFY we have read the athletic training/conduct rules and expectations and we understand their implications. We agree the student athlete will abide by other regulations of the school and the Colorado High School Activities Association (CHSAA). We further agree the student athlete will conduct him/herself in competition according to the rules of sportsmanship and fair play, and to be responsible for the proper use and return of all equipment issued. Concerns with any implementations of these policies may be addressed through the communication process identified.

PARENT/ATHLETE SIGNATURES REQUIRED ON LAST PAGE

PARENT CODE OF CONDUCT

As a parent of a Thompson School District student/athlete, I have read the expectations of parents contained in this packet. My signature indicates my acknowledgment of those expectations and that I will uphold and follow these district expectations.

PARENT SIGNATURE REQUIRED ON LAST PAGE

PART D.

**SIGNATURE ACKNOWLEDGMENT
FOR CODE OF CONDUCT,**

**TRAINING RULES AND
STANDARDS FOR COMMUNICATION**

The following signatures indicate that both the parent and student-athlete have read the Thompson School District Standards for Communication - Athletics and Activities Handbook and the athletic training/conduct rules and agree to the terms and stipulations and **understand that this document is effective until the athlete's graduation:**

Parent/Guardian Signature: _____

Date: _____

Student/Athlete Signature: _____

Date: _____ Grade: _____

I give ___ do not give ___ permission for health information to be shared with adults in the school setting that will be working with my child during the current school year.

Date: _____ Parent/Guardian Signature: _____

**CONSENT FOR RELEASE OF INFORMATION TO ACCESS
MEDICAID REIMBURSEMENT FOR HEALTH-RELATED
SUPPORT SERVICES**

Is your child eligible for Medicaid? Yes ___ No ___

If yes, please provide Medicaid number ___ ___ ___ ___ ___

Date: _____ Parent/Guardian Signature: _____

Part E.

ATHLETIC INJURY EMERGENCY CARD

Athlete _____

Age _____ Class _____ Height _____ Weight _____

Parent/Guardian _____ Home Phone _____

Address _____ Bus. Phone _____

Other Emergency Contact _____ Home Phone _____

Family Physician _____ Bus. Phone _____

Name of Insurance Company _____ Policy Number _____

I hereby give permission for the coach or other school official to arrange for emergency treatment for the above named student with a physician, EMT, certified athletic trainer, or hospital emergency room in the event that I cannot be notified. I understand that the school does not carry insurance for any loss that may be sustained due to injury as a result of athletic participation.

_____ Date _____

Parent or Guardian

The following information may be needed to insure proper responses in certain situations. Please complete accurately.

1. Known allergies and medications:

Allergy

Medications/Dosage Being Taken

2. Other Medications/Dosages Being Taken: _____

3. Known medical conditions (circle if applicable and add others):

Diabetes, seizure disorder, asthma, other _____

4. History of significant old injury (what, where, when?) _____

5. Date of last tetanus inoculation: Month _____ Year _____