

ASSUMPTION OF RISK AGREEMENT AND EMERGENCY RELEASE FORM

As the parent/legal guardian of the athlete named here _____ (athlete's name), I/We understand that playing or participating in any sport can be a dangerous activity involving risks of injury, which may be serious. Although serious injuries are not common in supervised programs, it is impossible to eliminate all risk.

By signing this permission form, we acknowledge that we have read and understand this warning and understand the inherent risks associated with this sport activity. We further understand that we are responsible for obtaining any medical, accident, or other insurance that we deem appropriate; the district does not provide student accident insurance. **Parents/Guardians and Athletes who do not wish to accept the risk described in this warning should not sign this Assumption of Risk Agreement.** The District makes available to parents student accident insurance information which may be purchased at parent's expense. This information can be picked up at the District Administration Office.

I understand that the School District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity. The School District and its employees have not waived these protections and immunities. I understand that the School District and its employees may also have certain legal obligations with respect to the activity.

By signing below, the athlete and parent/legal guardian confirm that the athlete has been deemed physically able to participate in athletic activities by a physician. Additionally, by signing below, the athlete and parent/legal guardian, in the event of a medical emergency in which the parent/legal guardian cannot be reached, grant permission to the physician selected by the school to hospitalize and secure proper treatment (including surgery) for the athlete and verify agreement to assume all costs for such treatment.

Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. The parent/legal guardian and athlete agree to abide by all district/school/camp rules and comply with the reasonable authority of the staff.

This form applies to the following sport/camp/activity:

Parent/Legal Guardian: By signing this form, I am not releasing the School District and its employees from any of their legal obligations. However, on behalf of myself, my student, and our family and representatives, I release and hold harmless the School District and its employees from and against all claims for any damages or injuries incurred by my student from any cause, including but not limited to *my student's own misconduct or the actions or omissions of third parties*. I understand that for purposes of this Release, the term "employees" includes the School District's directors, employees, servants, and volunteers.

Printed Name _____ Signature _____ Date _____
(Parent/Legal Guardian) (Parent/Legal Guardian)
Home Phone _____ Day Phone _____ Cell Phone _____

Printed Name _____ Signature _____ Date _____
(Parent/Legal Guardian) (Parent/Legal Guardian)

Emergency Contact Information:

Emergency Contact Name _____ Emergency Contact Phone _____

-Please return this form and maintain a copy for your records-

SPORTS -- ATHLETE INFORMATION CARD

EAST HIGH SCHOOL ATHLETICS DEPARTMENT

Name _____ Grade _____

Student Number _____ Birthdate _____ Age _____

Address _____ Telephone _____

Parent or Guardian name _____

School attended last year _____ City _____ State _____

Name of school _____ City _____ State _____

Number of years at East High School (counting this one) 1 2 3 4

Number of courses enrolled this semester _____

Number of courses enrolled in last semester _____

List Sports played last year and at which school _____

Name of course(s) you failed last semester _____

Sport you are participating in _____ Signature of athlete _____

Sports Ath Info Card / East / 02-11 / DSC-RH

Student Activities Agreement



PREAMBLE

Participation in extracurricular and co-curricular activities is a privilege and not a right. Pueblo City Schools believes the activities are valuable because they promote school spirit, provide a healthy outlet for energy, improve student morale, and increase community involvement and support. Further, participation enhances student performance in the classroom and in the community. However, participation only achieves these outcomes when students are held to the highest standards of personal behavior and conduct. Consequently, the district has established this athletic Agreement with the belief that violations of it are detrimental to fellow participants as well as the entire student body. It is imperative that all participants understand that the expectations and consequences regarding inappropriate behavior include incidents that occur away from the school setting, school-related activities and functions, and outside of regularly scheduled school hours are all covered by this Agreement. Students who violate the provisions of this Agreement at any time during their four-year high school experience (CHSAA Articles: 1770.1, 1770.2), including after school/practice hours, weekends, out of season days, or vacation periods, shall be subject to disciplinary action during the current competitive season or in the next competitive season as herein defined.

In an effort to eliminate any misunderstanding, you must read the guidelines as set forth before you sign this Agreement.

Pueblo City Schools' activities guidelines are developed with the express purpose of defining student expectations, outlining consequences of any violation of the code of student conduct or these guidelines, and apprising parents of such. The guidelines are an extension of the Pueblo City Schools student discipline school board policy JK. In addition to the provisions of Pueblo City Schools' school board policy JK, the requirements and consequences outlined in this Agreement, in alignment with school board policy IC/TCA and the code of student conduct.

VIOLATIONS OF THIS AGREEMENT:

Any student suspended from school for violation of the code of student conduct shall be ineligible to participate with his/her team in any way including practices, meetings, scrimmages, and contests until reinstated in school. Subsequently, the student shall be held accountable for the following consequences based upon the individual's violation record (first, second or third.)

In addition, any student who violates any of the following expectations shall also be suspended from participation under the terms laid out in this Agreement. Violations shall include but not be limited to:

- Ticket or arrest for misdemeanor or felony. This shall not include ticket for minor traffic offenses, that result in assessment of four (4) or fewer points against one's license.
- Sale, possession, use, or consumption of any controlled substance including alcohol, marijuana, unauthorized drugs, and any other unauthorized substance.
- Vandalism of property that would reflect dishonor upon Pueblo City Schools.
- Assaulting any person or intentionally or grossly negligently causing physical injury to another person.
- Use of tobacco in any form.
- Theft in any form, including shoplifting, even if charges are not filed.
- Harassment as defined by school district policy or hazing.
- Behaving in any manner that is disruptive or harmful to the health, safety and welfare of other students, staff, or other community members.
- Being summoned to court for violation of applicable truancy statute shall not result in suspension unless contempt orders are issued by the truancy court, at which time the student shall immediately be suspended from the student activity season until the contempt truancy issues are resolved to the satisfaction of the court.

PENALTIES FOR VIOLATIONS OF THIS AGREEMENT

A. First Violation:

Immediate suspension from interscholastic competition for a minimum of twenty percent (20%) of the allowable contests as established by CHSAA, or for the remainder of the sports season, including playoffs. This pertains to the season that the violation actually occurred, and does not fall under the same category as the rule governing carry over violations. Students/athletes will be allowed to participate in practice, but are not allowed to participate in scrimmages and/or competition.

Sport	Contests	20% Suspension	30% Suspension
Baseball	18 or 16+1T	4 Contests	6 Contests
Football	10	2 Contests	3 Contests
CC & Swim	11	2 Contests	3 Contests
Basketball	19 / MS 12	4 Contests/MS 3	6 Contests / MS 4
Golf	11 (18 Holes)	2 Contests (36 Holes)	3 Contests (54 Holes)
Soccer	15	3 Contests	4 Contests
Tennis	10+2T or 11+1T	2 Contests	3 Contests
Track	11 / MS 5	2 Contests / MS 1	3 Contests / MS 2
Volleyball	16 or 14+1T	3 Contests	5 Contests
Wrestling	30 Points	6 Points / MS 1 Contest	9 Points/MS 2 Contests
Softball	16 or 14+1T / MS 12	3 Contests / MS 2	5 Contests/MS 3
Cheerleading & Other Activities		15 Calendar Days	22 Calendar Days

Last Name

First

Middle

School Year

B. Second Violation:

Immediate suspension for the remainder of the current activity(s) season and twenty percent (20%) of the student's next sport/activity season or if not currently involved in an activity, thirty percent (30%) of the next season in which he/she is a bona fide member. Any student who commits a second violation shall not receive a District athletic/award letter.

C. Third Violation

Permanent suspension from participation in all sports related activities and/or other school sponsored activities as specified for the remainder of his/her school career.

FELONY CHARGES

When the building administrator is notified that a student has been charged with or is being investigated for an alleged felony, whether as a juvenile or as an adult, the following procedures shall take place:

- A. The responsible administrator shall conduct an investigation to confirm whether charges have been or will be filed.
- B. Upon confirmation that the District Attorney's Office has filed or shall file felony charges against the student inside or outside the state of Colorado, **he/she SHALL NOT participate in any activities. This is to include all practices, meetings, scrimmages, and competitions; and said student may not serve the team in any capacity including being a student manager or a statistician, etc.**
- C. If the felony charge is reduced via plea Agreement or verdict, i.e., from felony to misdemeanor, consequences listed in the penalty section of this Agreement shall apply as appropriate. "Plea Agreement" means the entry of a plea before a judge upon which sentence has been imposed. A charge shall not be considered reduced by plea Agreement until the plea is actually entered in court and approved by all parties.
- D. If convicted of a felony, suspension from participation in any and all activities shall be for no less than one (1) calendar year from date of violation and may be permanent if warranted. Convicted means a verdict of guilty, plea of guilty, or no contest, or entry of deferred sentence.

TERMS AND CONDITIONS

- I. In order for your son/daughter to participate in any activities program, each year you must sign and return this Agreement to the activity director of your school and understand the high standards required of our students to represent their school's ideals in matters of academics, conduct and sportsmanship.
- II. With the exception of the felony rule above and out-of-school suspensions, student/athletes may continue to practice with the team and to attend team meetings during the period of athletic suspensions, but they may not participate in any scrimmages or competitions until the terms of his/her consequence have been served.
- III. To ensure that the health, safety, and welfare of all students who participate in activities subject to this Agreement are properly safeguarded, the administration reserves the right to impose an immediate suspension, pending further investigation, when credible information indicating a severe violation of this Agreement may have occurred.
- IV. Any violation reported by phone or in writing must have verifiable identification and proper documentation before any investigation or disciplinary action can be taken. This reporter must also state that they would be willing to testify in person if requested.
- V. The first violation of this Agreement in a student's high school participation career will not be counted against that student if a minimum of 12 consecutive months have passed without a violation.
- VI. Each school principal, activities director, coach, and/or sponsor may develop additional guidelines appropriate for each level and activity. Such guidelines will be consistent with Board policy and regulations.
- VII. The expectations and consequences associated with this contract shall be in effect for the student's entire middle school career and then shall begin anew for the student/athlete's entire high school participation career.
- VIII. Middle school consequences that have not been completed prior to entry into high school shall carry over to complete the conditions of that penalty. Such penalty, however, shall not count against high school violations.
- IX. Middle School students shall have four consecutive semesters of athletic eligibility from the time they enter seventh grade and may not participate in any athletic activity if they turn 15 prior to August 1 of the current academic year.
- X. This contract must be signed every year and turned in to the building athletic/activity director prior to participation in any activity that year.
- XI. This Agreement applies to all students involved in any school sponsored activities including but not limited to interscholastic athletics, forensics, rifle team, cheerleading (including mascots), pom pon or other dance groups, ROTC, FBIA, DECA, FCA, FCCLA, Student Government, Honor Society, Drama, Knowledge Bowl, and any and all clubs.
- XII. In the event the violation occurs between seasons, suspension shall be enforced in the next succeeding season in which the student wishes to participate.
- XIII. In regards to the 20% and 30% rule, no consequence shall be considered to have been served if the student does not successfully complete the season. Exception shall be made for injury.

I _____ (please print name),
agree to the above guidelines and consequences pertaining to the code of conduct for participation in Pueblo City Schools' activities programs and have received a copy of same.

I also affirm that the following information is true and correct.

Have you been convicted of a felony either as a juvenile or as an adult within the past twelve (12) months? ☐ Yes ☐ No

If "yes," give details (reason, date, state, disposition, etc.).

Student Signature _____ Date _____

(Both parents/guardians must sign: ☐ check if single parent)

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Clear Form

PRINT

SAVE

(Save this form
with a new file name)



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, poisons, 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"/>	FEMALES ONLY			
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"/>				

Parent/Guardian Signature: _____

Athlete's Signature: _____

PART III -- PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____

*Tanner Stage or Maturation Index? (males only): _____

*Percent Body Fat: _____

*Audiogram _____

* Vision: Corrected: (L) _____ (R) _____ (Both) _____

Uncorrected (L) _____ (R) _____ (Both) _____

BP: _____
Pulse: *(rest) _____

*(Exercise) _____

*(Recovery) _____

*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			^Neuropsych 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: _____

Student

Last Name

First Name

PUEBLO CITY SCHOOLS
OFFICE OF STUDENT ACTIVITIES/ATHLETICS

HIGH SCHOOL ELIGIBILITY REQUIREMENTS (WEEKLY)

Colorado High School Activities Association has the general eligibility requirements for all schools in the state. These requirements are in the CHSAA Handbook and must be enforced by all member schools. Participating school districts and schools shall have the right to impose stricter standards for eligibility than those set forth herein.

It is recommended that schools imposing local standards of eligibility notify participating students of these standards, it shall be the student's responsibility to be aware of such standards and to insure that he/she maintains eligibility.

Pueblo City Schools students wishing to participate in Activities/Athletics are required to meet standards of personal behavior and academic performance related to school purpose as representatives of their school.

A student shall be eligible to represent his/her school in an activity sanctioned by Pueblo City Schools and his/her high school if such students meets the following specific requirements.

1. Academic eligibility shall be determined by a periodic check (weekly) of the student's grades in progress from the beginning of the grading period for each class, as determined by the policy of the student's school or school district, to the close of certification day for the activity in question. The periods of eligibility and ineligibility must be equal and at no time may the two groups become eligible on the same day.

Eligibility checks will start on the 3rd Friday of September and run until the end of the school year. Calendar needs to be addressed.

HS Eligibility Req Card / Athletics / 00-10 / DSC-FH1

2. Eligibility check (weekly) shall be conducted on Friday of each week.

- a. Student/athlete eligibility for extracurricular activities/athletic competition will be determined by a weekly grade check by Friday, 4:00 p.m. If a student/athlete receives a failing grade(s) in any class, then he/she will be placed on academic probationary status beginning the following Monday through Saturday of probationary week. If the student raises their grade(s) to a passing grade(s) during probationary week then he/she is eligible to participate in his/her sport/activity, unless he/she receives a failing grade(s) in any class at which time that student/athlete becomes ineligible and will not participate in any activity/sport beginning the following Monday through Saturday.

- 1.) Eligibility Check (weekly) — every Friday of each week.

- 2.) Probationary Week — Monday through Saturday

- 3.) Ineligible Week — Monday through Saturday

- b. Students who are ineligible for that period of time (weekly) shall not compete in any contest, scrimmage, activity during ineligible period of time (practice is permitted).

- c. Students participating in athletic and non-athletic activities, however, may not be given special consideration and must be graded on the same basis as all members of the student body.

- d. Student must be under Plan A or Plan B of the CHSAA General Eligibility.

- e. Participation in activities as part of a school's educational program is a privilege and not a right.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



Colorado High School Activities Association

1b

STUDENT ELIGIBILITY INFORMATION FORM and CHSAA Anti-Hazing Policy

I hereby give my consent for _____

to compete in athletics for _____ High School
in Colorado High School Activities Association approved sports, except as noted on the Physical Examination
and Parent Permit Form, and I have read and understand the general guidelines for eligibility as outlined in the
CHSAA Competitor's Brochure (as found on the CHSAANow.com website).

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA
Competitor's Brochure.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is a statement on file with the
superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that
he/she has passed an adequate physical examination within the past year, noting that in the opinion of
the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, (DC, Spc.) is
physically fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian
to participate; and, the parent and participant have read, understand and agree to the CHSAA guidelines for
eligibility.

CHSAA Anti-Hazing Policy

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing includes,
but is not limited to 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.

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.

Student Athlete Signature

Date