

HARRISON ATHLETIC REGISTRATION

School Year 20____/20____

Last Name _____

First Name _____

Date _____

Weekly Eligibility Check

- ◆ Students at Harrison are enrolled in 7 classes per semester.
- ◆ If a student athlete is failing a class (Core or Life Skill), that student is academically ineligible for one week. (Wednesday - Tuesday) They may practice but may not travel or play in games.
- ◆ A student may also lose playing time due to unsatisfactory conduct in class.
- ◆ A behavioral referral to the office will result in the loss of competing in one game.
 - ⇒ The first unsatisfactory conduct in a class serves as a warning.
 - ⇒ The second unsatisfactory conduct will result in the loss of competing in one game.

Parent/Guardian Signature _____

Student Signature _____

(for office use only)

	Sport	Fees Paid	Eligibility Check	Date Cleared
Season 1				
Season 2				
Season 3				
Season 4				

Physical Dated _____

Emergency Medical Card _____

INSURANCE INFORMATION (check one)

_____ I elect to purchase school insurance (application required)

_____ I elect to sign the insurance release listed below.

I the undersigned, being the parent or legal guardian of the above named student who wishes to participate during the current school year in interscholastic sports conducted by Harrison School, do hereby give notice that I do not wish to enroll the above named student in the school injury indemnity plan which is available to participants in such sports through said school district. In consideration of the granting of permission by Harrison School to enroll the above named student in the aforementioned sport without the insurance protection afforded by the said school injury indemnity plan, the undersigned hereby discharges SCHOOL DISTRICT FREMONT RE-1 IN THE COUNTY OF FREMONT AND THE STATE OF COLORADO, its officers, agents and employees from and against any and all loss, liability, or expense resulting from any accident or injury to the above named student connected in any way with his/her participation in the sports program; including, but without limiting, the accidents and injuries received in connection with practices and games.

PARENT/GUARDIAN SIGNATURE

PHYSICAL INFORMATION

I hereby certify that I have examined _____ and that the student was found physically fit to engage in middle school sports (except listed below).

DATE OF PHYSICAL _____

SIGNATURE OF PHYSICIAN _____

EXCEPTIONS _____

Inhaler

Epi-Pen

Seizure

Diabetic

No student shall represent his/her school in interscholastic athletics, until there is on file with the superintendent or principal, a statement signed by his/her parent or legal guardian and a practicing physician certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician he/she is physically fit to participate in middle 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 CO Dept 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. If a student athlete has been injured in practice and/or competition, and the nature of his/her injury requires medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from practicing physician.

Parent Permission for Athletic Participation

I hereby give my consent for _____ to compete in athletics, and related travel for Harrison School for the following sports:

(G,B) Cross Country _____

(G, B) Football _____

(G,B) Wrestling _____

(G,B) Track _____

(G) Softball _____

(G,B) Basketball _____

(G) Volleyball _____

Please check if you need a scholarship to cover athletic fees.

Date _____ Parent Signature _____

PARENT OF GUARDIAN PERMIT & STUDENT/PARENT PLEDGE

Warning: Participation in a 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 from minor to long-term catastrophic.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

Players must obey all safety rules and report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

Expectation of playing: The goals and objectives of Harrison School interscholastic sports include: fun, experience, fundamentals of the game, developing competitive skills, developing sport specific skills, and sportsmanship. Interscholastic sports are not intramurals; therefore playing time may not be even and is not guaranteed.

I hereby give my consent for _____ to compete in athletics for Harrison School in League approved sports. (Exceptions should be noted on an additional sheet and attached)

PARENT/GUARDIAN SIGNATURE _____

STUDENT SIGNATURE _____ **DATE** _____