

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICAL INFORMATION**

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

DATE OF PHYSICAL \_\_\_\_\_

SIGNATURE OF PHYSICIAN \_\_\_\_\_

EXCEPTIONS \_\_\_\_\_

No student shall represent his 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. Depart. 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 a practicing physician.

**Parent Permission for Athletic Participation**

I hereby give my consent for \_\_\_\_\_ to compete in athletics for Canon City Middle School in League approved sports, and related travel, for CCMS School, for the following sports:

(G,B) Cross Country \_\_\_\_\_(Harrison) (B) Football \_\_\_\_\_ (G, B) Wrestling \_\_\_\_\_(Harrison)  
 (G,B) Track \_\_\_\_\_(H/S) (G) Softball \_\_\_\_\_  
 (G,B) Basketball \_\_\_\_\_ (G) Volleyball \_\_\_\_\_

**PARENT OR GUARDIAN PERMIT & STUDENT/PARENT PLEDGE**

Warning: 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 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 CCMS 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.

# Eligibility for Interscholastic Sports Canon City Middle School

### Weekly Eligibility Check

- Students at Canon City Middle School are enrolled in 4 Core classes and 4 Life Skills classes.
- If a student athlete is failing any class, or receives a behavior referral that student is ineligible for one week. (Friday – Friday) They may practice but may not travel or play in games.
- A student may also lose playing time due to unsatisfactory conduct in class.
  - ❖ 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.

### Quarter Eligibility Check

- If a student athlete is failing any class at the end of the quarter (on the report card), that student is academically ineligible for 4 ½ weeks, and may regain eligibility at mid-term.

I have read and understand the eligibility policy for participating in interscholastic sports at Canon City Middle School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

| (for office use only) |       |                   |            |                     |                         |
|-----------------------|-------|-------------------|------------|---------------------|-------------------------|
|                       | Sport | Participation Fee | Travel Fee | Eligibility Checked | Date Cleared            |
| Season 1              |       |                   |            |                     | Physical Dated<br>_____ |
| Season 2              |       |                   |            |                     |                         |
| Season 3              |       |                   |            |                     | Emergency Card<br>_____ |
| Season 4              |       |                   |            |                     |                         |

\_\_\_\_\_ I do want school officials to share information from my Free and Reduced Price School Meals Application with School Athletic Programs

### 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 CCMS 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. In consideration of the granting of permission by CCMS 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