

# Windsor Charter Academy Sports Participant Form

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

***In an Emergency, if Parents cannot be reached, notify:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

## ***Athletic Insurance Waiver***

By my signature below I fully understand that Windsor Charter Academy does not provide any accident or health insurance coverage for my son or daughter while participating in interscholastic athletics or any other school activity. I fully understand that it is my responsibility to provide accident/health insurance coverage for my son/daughter and that my son or daughter may not participate in any athletic activities without proof of insurance as stated below. Please check one of the options:

1. \_\_\_\_\_ I have health/medical insurance coverage for my son or daughter

Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

***OR***

2. \_\_\_\_\_ I do not have health/medical insurance coverage for my son or daughter and accept full responsibility for any medical expenses.

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

\_\_\_\_\_  
Date

## ***\*\*Physician Permit for Athletic Participation\*\****

I hereby certify that I have examined \_\_\_\_\_  
and that the student was found physically fit to engage in interscholastic athletics. Any exceptions should be noted and attached to this form.

Date of physical: \_\_\_\_\_ Exceptions (check here and attach documentation) \_\_\_\_\_

Signed: \_\_\_\_\_

(Valid for 365 days unless rescinded) Physician (Must be signed by MD, DO, NP, PAC, or DC)

PHYSICIAN'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## ***Parent or Legal Guardian Permission Form***

Although participation in supervised interscholastic athletics and activities may be one of the least hazardous activities in which students will participate in or out of school, by its nature participation includes risk of injury, which may range in severity from minor to long-term catastrophic. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I hereby give my consent for the above named student to:

- Represent his/her school in approved athletic activities, except as noted on the physical
- Receive emergency medical care which may be necessary in the course of such athletic activities through a medical doctor of the school's choosing.
- Receive first aid or other treatment as may be required from coaches or athletic trainers in the course of participation in a school sponsored activity.
- Walk to or be transported to other facilities for practice or competitions.

I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above-named student in the proper course of such athletic activities or travel. When Windsor Charter Academy is not providing a bus, families are responsible for transporting or arranging for transportation to and from offsite games. Special permission for such transportation is not required. An authorized Windsor Charter Academy representative will sign eligible players out of school when away travel dictates an early release.

No student shall represent their school in interschool athletics until there is a statement on file with the athletic director 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, the student is physically fit to participate in school athletics; and that the 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 eligibility and participation requirements as outlined in the athletic handbook (found online on the athletics page).

By signing this Permission Form, we acknowledge that we have read the above information. Parents or students who do not wish to accept the risks described in this document should not sign this form.

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Parent/Legal Guardian Signature

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Date

## Health Concerns

Please indicate if your child has health concerns and/or medications that need to be addressed during athletic practices, games, and events. The health office will be contacting you to develop a plan for your child's health care needs if indicated on this form.

If your child has no known health needs at this time, it will be necessary to contact the health office if changes occur after registration.

**Please check any that apply:**

☐ **My child has health needs**

☐ **My child requires medication to be administered during practice, game, and event times**

☐ **My child has no known health needs at this time**

## ***Student Agreement***

I agree to comply with district policies, school rules, provisions of the student handbook and athletic handbook which may be published by my school including the code of conduct, training regulations and other information, and to abide by all eligibility requirements that may be established for participation by my coach, school, Board of Education Policies and the Colorado High School Activities Association (CHSAA).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Note: This form must be completed in all detail and filed in the office of the Athletic Director before the student will be allowed to practice or compete in athletics.***