

Colorado Military Academy

Participation Form

NOTE: Form must be completed and turned in each school year. Forms DO NOT carry over from one year to the next.

PERSONAL INFORMATION

School Year: **2019-2020**

Sport(s):

last name:

first name:

student ID:

grade:

street address:

zip:

birthdate:

gender:

year started 9th grade:

school attended last semester:

Parent/Guardian's name:

home phone:

cell phone:

Parent email:

PHYSICIAN'S INFORMATION

signature required

Initial Physical Examination ☐

Medical Re-evaluation ☐

I hereby certify that I have examined the above named student and that this student was found physically fit to engage in the following sports: baseball, basketball, cheer, cross country, football, golf, gymnastics, softball, tennis, swimming, track and field, wrestling, volleyball, soccer, ice hockey, and lacrosse. (Please cross out any sport in which the student should not participate.)

date (valid for 365 days)

Physician's printed name

Physician's signature

INSURANCE RELEASE

signature required on line #1 or #2

COLORADO MILITARY ACADEMY ATHLETIC / ACTIVITY INSURANCE WAIVER

This statement releases Colorado Military Academy of responsibility in case of accident to my son/daughter while he/she is participating in interscholastic activities. I fully understand that the Colorado Military Academy does not provide accident and health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However, such insurance is made available by the Colorado Military Academy through an authorized agent. I further understand that it is my responsibility to provide accident insurance for my son/daughter.

#1 I feel that my present insurance coverage is adequate.

OR

#2 I am purchasing student accident insurance for my son/daughter through the authorized agent approved by the Board of Education of the Colorado Military Academy.

Parent/Guardian signature

Parent/Guardian signature

date

PHOTO/VIDEO RELEASE

signature required (if permission is granted)

I hereby give my permission to the Colorado Military Academy to publish photographs and/or videos of my student. I understand that such publication may occur through school and/or district newsletters, media releases, public reports, training material, assemblies, public meetings, the district websites, as well as through other school related publications and events. I further understand that this permission for the Colorado Military Academy to publish will remain in force until such a time I am notified in writing of its withdrawal.

Parent/Guardian signature

FEE SCALE & REQUIREMENTS

The full fee will be collected until proof of free or reduced lunch is submitted.

The parent/guardian is responsible to provide proof of the student's qualification for "Free" or "Reduced" lunch program. A copy of the current school year's National School Lunch Program approval letter must be brought to the Athletic Office at the time of the sports registration. A current letter must be submitted each school year.

STATEMENT OF ELIGIBILITY & ASSUMED RISK GUIDELINES

signatures required

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous which a student will engage in or out of school, by its nature, participation in the interscholastic athletics includes a risk of injury which may range in severity from minor to long-lasting catastrophic. Although serious injuries are not common in supervised school programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily. By signing this form, we acknowledge that we have read and understand this warning. No student shall represent their school in interschool athletics until this statement is on file and signed by his/her parent or legal guardian and a physical form certifying that he/she has passed an adequate physical examination within one year, noting that in the opinion of the examining physical, physician's assistant, nurse practitioner or a certified/registered chiropractor, is physical fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian to participate; and, the parents and participant have received a Concussion Fact Sheet. I hereby give my consent for the student mentioned on this form to compete in athletics for the Colorado Military Academy except those sports that follow and have been crossed: air rifle, baseball, basketball, cheer, cross county, football, golf, gymnastics, softball, tennis, swimming, track and field, wrestling, volleyball, soccer, ice hockey, and lacrosse. In consideration of my son's/daughter's opportunity to participate in interscholastic activities, hereby consent to emergency treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child and liability of the Colorado Military Academy, any of its agents or employees, arising out of such medical treatment.

**PARENT OR GUARDIAN AND STUDENT WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THE WARNING ABOVE;
ELIGIBILITY GUIDELINES; INSURANCE OR PHOTO RELEASE AND PAYMENT AGREEMENT SHOULD NOT SIGN THIS
PERMISSION FORM.**

date

Parent/Guardian signature

date

Student signature