

Widefield School District 3 Athletic Participation

Student Name: _____

First Name

Last Name

Once the **entire packet** containing all of the forms shown below has been completed and returned to the office, the student will be provided a card which must given to his/her coach before he/she will be allowed to practice.

(Partial packets will not be accepted.)

- Emergency Information Card and Consent for Emergency Treatment
Athletic Insurance Waiver
- Handbook and Philosophy Statement
Parent Permission
- Medical History Form
Physical Examination Form (This form must be signed by a practitioner licensed in Colorado to perform sports physicals.)

Handbook and Philosophy Statement

I have received a copy of the Widefield School District 3 Parent/Athletic Handbook (Handbooks are available in school office and online.). I agree to abide by all conditions and rules of the handbook, and I further understand that if I do not abide by the rules as outlined, there will be consequences which may range from probation or suspension to ineligibility.

Because participation in WSD3 school sports is a PRIVILEGE, I understand the rules and guidelines of the handbook are year-round responsibilities, both in-season and out-of-season.

Trying out for an interscholastic sport or spirit team does not guarantee any student a spot on that team. Depending on the sport, the number of people trying out and the number of slots available, cuts may or may not become necessary. **Coaches always reserve the right to remove team members for disciplinary reasons. Earning a spot on a team as well as playing time shall be determined by, but not limited to, talent, academics, attitude, attendance and conduct.**

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Office Use Only

New Student Notice (High School Only)

- ☐ Transfer complete. This student may practice and play in any scheduled athletic activity/event.
- ☐ Transfer pending. This student is eligible to practice with his/her competitive team but may not participate in any games, matches, or meets until further notice. (It is the responsibility of the student athlete and his/her parents or guardians to see to the filing of any waiver request through the athletic director to the league or the Colorado High School Activities Association.)

Athletic Director's Signature: _____



Widefield School District 3

Parent Permission

Student Name:

First Name

Last Name

No pupil shall represent his/her school in interscholastic athletics until there is, on file with the school of participation, a statement signed by his/her parents or legal guardian and a practitioner licensed in Colorado to perform sports physicals certifying that he/she has passed an adequate physical examination within the academic year of participation; that in the opinion of the examining physician he/she is physically fit to participate in WSD3 school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

If significant intervening illness 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 sustains an injury that requires medical attention from a practicing physician he/she may not participate in practice and/or competition until he/she has received a release from a practicing physician.

It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have a current tetanus booster. 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.

NOTE: Physicals are generally valid for one year from the date signed; however, it is the policy of the Widefield School District 3 athletic department that physicals will ONLY BE ACCEPTED if they cover the entire academic year of participation.

Parent Permission:

I hereby give my consent for the above named student to compete in the athletic programs in Widefield School District 3.

Baseball
Basketball
Cheerleading
Cross Country
Football
Golf
Soccer

Softball
Swimming
Tennis
Track and Field
Volleyball
Wrestling

WARNING: Although participation is supervised and interscholastic athletics and activities may be one of the least hazardous activities in which any student will engage in or out of school, by its very nature, participation in interscholastic athletics includes a 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 this risk. Participants are able and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems, follow a proper conditioning program, and inspect their own equipment daily.

Widefield School District 3 does not assume liability concerning athletic injury. Many families have insurance policies which cover such injuries; others are handled through military installations, such as TRICARE. If you do not have protection from either of these sources, and do not wish to assume individual financial responsibility, we encourage you to subscribe to the Student Accident Insurance Program offered by Markel Insurance Company, which we feel has the most nominal premium for the protection offered. Insurance application forms are available from your individual school offices.

As parent, guardian, and/or student, we agree to hold harmless Widefield School District 3 from all liability should my son/daughter be injured while practicing or playing any type of school related/sponsored athletics/activities for which I have given my permission for participation, or in transit to or from any school related/sponsored activities. Also, I understand and agree that I am responsible for all medical expenses incurred resulting from injury while practicing, participating in, or in transit to or from any school related/sponsored athletic contests. I further agree that, in the event of injury, my son/daughter may be taken to a medical doctor, if in the opinion of school officials it is deemed necessary to do so.

Widefield School District 3 complies with all state and federal regulations prohibiting discrimination on the basis of race, color, national origin, creed, religion, age, sex, and handicap.

By signing this permission form we acknowledge that we have read and understand this warning. (Parents or students who do NOT wish to accept the risk described in this warning should not sign this permission form.)

Parent/Guardian Signature:

Date:

Student Signature:

Date:

NOTE: This form must be completed in its entirety and be on file in the school office before student may participate in any interscholastic athletics/activities.