STUDENT ELIGIBILITY INFORMATION FORM
and
CHSAA Anti-Hazing Policy

I hereby give my consent for____
to compete in athletics for ____High School in Colorado High School Activities Association approved sports, except as noted on the Physical Examination and Parent Permit Form, and I have read and understand the general guidelines for eligibility as outlined in the CHSAA Competitor's Brochure (as found on the CHSAANow.com website).

Parent or Guardian Signature ____________________________________Date ________________________

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA Competitor's Brochure.

Student Signature ____Date_________________________

No student shall represent their school in interschool athletics until there is a statement on file with the superintendent 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, (DC, Spc.) is physically fit to participate in high school athletics; that 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 CHSAA guidelines for eligibility.

CHSAA Anti-Hazing Policy

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing includes, but is not limited to humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in any CHSAA sanctioned activity.
I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.
By signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also understand that any violation of this could result in school or team consequences that could include dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.

____ ___________________________________
Student Athlete Signature Date

Student Transportation Permission Form

________________________ has my permission to ride with a STUDENT DRIVER to and/or from Heritage Christian Academy for sports related purposes. Please indicate if there are only specific students that have the permission to drive your student.

____

Furthermore, I understand that Heritage Christian Academy, its volunteers, and its employees are indemnified from legal recourse for all actions and choices that are necessary for the completion of any and all needs related to the student's participation in the HCA approved sport's practice and transportation. I understand that I am giving permission for my student to be transported by a student driver and that HCA does not have knowledge or jurisdiction over choices made during transportation. I give my permission for a Heritage chaperone to allow any necessary emergency medical treatment.

____

Parent or Legal Guardian (Signature)

_________________________________ ________________

Parent or Legal Guardian (Printed Name) Date

Or

_____________________________ will NOT be allowed to ride with a student driver to/or from Heritage Christian Academy for sports related purposes at any time. I will provide his/her transportation when necessary or utilize the school van/bus when provided.

____

Parent or Legal Guardian (Signature)

_________________________________ ________________

Parent or Legal Guardian (Printed Name) Date

In the event a parent will be providing transportation for away games/practices please fill out and return the following page ALONG with the required copy of your driver's license and insurance.

Heritage Christian Academy
2506 Zurich Drive Fort Collins, Colorado 80524

970-494-1022 fax 970-494-1025
website: HeritageChristian.info

2016-2017

HCA Volunteer Form

Parent Drivers / Chaperones

For the concern and safety of all students, families and staff, please read and sign the following volunteer form before agreeing to be a Parent Driver and / or Chaperone for any HCA event or field trip.

If I am driving my own vehicle I will:

____Bring my Proof of Vehicle Insurance, and drivers license to the school office for photo copying where it will be kept on file.

____I will take only as many children in my vehicle as I have fully operating seatbelts.

(This copy will be kept on file in the office for the duration of the school year – please make sure you update if your insurance card expires)

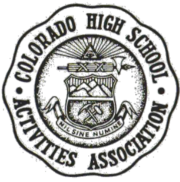
1. **As a volunteer driver / chaperone I will:**

- Not make any unplanned stops while driving to or from the field trip or event destination, nor deviate from the planned itinerary.
- Stay with the group of drivers to ensure safety to the larger group.
- If applicable: I will share my cell phone number with other drivers for the purpose of communication due to an emergency.
- I will chaperone the students assigned to me by the classroom teacher or sponsoring teacher as directed per event or field trip.
- I will not text or unnecessarily use my cell phone while driving.

Name: ________________________________ Phone: ____________________

(Please Print Full Name)

Signature: ____



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined ____ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date _________________________ Exp. Date (good for 365 days) ________________

PARENT OR GUARDIAN PERMIT

WARNING: Although 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 IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.**

I hereby give my consent for __________________________to compete in athletics for ___________________ High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the *Competitor's Brochure (CHSAANow.com)*

Parent or Guardian Signature ____ Date ___________________

I have read, understand and agree to the General Eligibility Guidelines as outlined in the *Competitor's Brochure*.

Student Signature ____ Date ___________________

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high 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 Colorado Department 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, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required 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.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

PHYSICIAN SIGNATURE REQUIRED ON MEDICAL FORM

PART II -- MEDICAL HISTORY

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

	MEDICAL HISTORY OF STUDENT & FAMILY	YES	NO		MEDICAL HISTORY OF STUDENT & FAMILY	YES	NO
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐	32.	Do you have any rashes, pressure sores, or other skin problems?	☐	☐
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐	33.	Have you ever had herpes skin infection?	☐	☐
3.	Are you currently taking any prescription or non prescription (over the counter) medicines or pills?	☐	☐	34.	Have you ever had a head injury or concussion?	☐	☐
4.	Do you have allergies to medicines, pollens, foods or stinging insects?	☐	☐	35.	Date of last head injury or concussion: ____		
5.	Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	☐	☐	36.	Have you ever been hit in the head and been confused or lost your memory?	☐	☐
6.	Have you ever passed out or nearly passed out during or after exercise?	☐	☐	37.	Have you ever been knocked unconscious?	☐	☐
7.	Have you ever passed out or nearly passed out at any other time?	☐	☐	38.	Have you ever had a seizure?	☐	☐
8.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐	39.	Do you have headaches with exercise?	☐	☐
9.	Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?	☐	☐	40.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
10.	Does your heart race or skip beats during exercise?	☐	☐	41.	Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
11.	Has a doctor ever told you that you have (check all that apply): ☐ High Blood Pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection			42.	When exercising in heat, do you have severe muscle cramps or become ill?	☐	☐
				43.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
12.	Has a doctor ever ordered a test for your heart?	☐	☐	44.	Have you had any other blood disorders or amenia?	☐	☐
13.	Has anyone in your family died suddenly for no apparent reason?	☐	☐	45.	Have you had any problems with your eyes or vision?	☐	☐
14.	Does anyone in your family have a heart problem?	☐	☐	46.	Do you wear glasses or contact lenses?	☐	☐
15.	Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	☐	☐	47.	Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
16.	Does anyone in your family have Marfan syndrome?	☐	☐	48.	Are you happy with your weight?	☐	☐
17.	Have you ever spent the night in a hospital?	☐	☐	49.	Are you trying to gain or lose weight?	☐	☐
18.	Have you ever had surgery?	☐	☐	50.	Do you limit or carefully control what you eat?	☐	☐
19.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	☐	☐	51.	Has anyone recommended you change your weight or eating habits?	☐	☐
20.	Have you had any broken or fractured bones or dislocated joints?	☐	☐	52.	Do you have any concerns that you would like to discuss with a doctor?	☐	☐
21.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	☐	☐	53.	What is the date of your last Tetanus immunization? Date: ____		
22.	Have you ever had a stress fracture?	☐	☐		FEMALES ONLY		
23.	Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	☐	☐	54.	Have you ever had a menstrual period?	☐	☐
				55.	Age when you had your first menstrual period?		
24.	Do you regularly use a brace or assistive device?	☐	☐	56.	How many periods have you had in the last 12 months? ____		
25.	Have you ever been diagnosed with asthma or other allergic disorders?	☐	☐	57.	Do you take a calcium supplement?	☐	☐
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐		**Explain "Yes" answers here:**		
27.	Is there anyone in your family who has asthma?	☐	☐				
28.	Have you ever used an inhaler or taken asthma medicine?	☐	☐				
29.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐				
30.	Have you had infectious mononucleosis (mono) within the last three months?	☐	☐				
31.	Have you ever had mono or any illness lasting more than two weeks?	☐	☐				

Parent/Guardian Signature: ____

Athlete's Signature: ____

PART III -- PHYSICAL EXAMINATION

NAME: ____ SCHOOL: ____

HEIGHT: ____ WEIGHT: ____ SEX: ____ AGE: ____ DOB: ____

*Tanner Stage or Maturation Index? (males only): ____

*Percent Body Fat: ____

*Audiogram ____

* Vision: Corrected: (L) ____ (R) ____ (Both) ____

Uncorrected (L) ____ (R) ____ (Both) ____

BP: ____

Pulse: *(rest) ____

*(Exercise) ____

*(Recovery) ____

*FEV or Peak Flow (rest) ____

*(Exercise) ____

*(Recovery) ____

	N	Abnormal		N	Abnormal
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsyc Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

***WHEN MEDICALLY INDICATED**
(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS
(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

☐ **CLEARED WITHOUT RESTRICTIONS**

☐ Cleared **AFTER** further evaluation or treatment for: ____

☐ Cleared for **Limited participation** (check and explain "reason" for all that apply):

- ☐ Not cleared for (specific sports): ____
- ☐ Cleared only for (specific sports): ____

Reason(s): ____

☐ **NOT CLEARED FOR PARTICIPATION:** ____

Reason(s): ____

☐ Other Recommendations: ____

- ☐ Recommend monitoring during early conditioning because of weight/fitness/other ☐ Recommend restrictions or monitoring of weight loss or gain
- ☐ Other: Reasons: ____

MD/DO, PA, NP, DE-SPC#, Signature: ____

Date of Examination: ____ Date Signed: ____

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print):

____

Address: ____

City ____ State ____ Zip ____