

**BUENA VISTA SCHOOL DISTRICT R-31**

**ATHLETIC/ACTIVITIES CONTRACT**

**2023-2024**

I HAVE READ THE ATHLETIC AND ACTIVITIES CODE OF CONDUCT (AACC) PERTAINING TO PARTICIPATION AS A STUDENT AT BUENA VISTA SCHOOLS. I AGREE TO ABIDE BY ALL ATHLETIC/ACTIVITIES DEPARTMENT AND TEAM RULES AND POLICIES. I RECOGNIZE AND ACCEPT THE SUBSEQUENT CONSEQUENCES OF ANY VIOLATION OF SUCH RULES OR POLICY IN THE AACC OR OF THE INDIVIDUAL TEAM.

\_\_\_\_\_  
(Student's printed name)

\_\_\_\_\_  
(Parent's or guardian's printed name)

\_\_\_\_\_  
(Student's signature)

\_\_\_\_\_  
(Parent's or guardian's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

# BUENA VISTA SCHOOL DISTRICT R-31

## ATHLETIC/ACTIVITIES FEE

2023-2024

1. High School Athletic Fees:
  - First sport \$125.00 - In-District
  - Second sport \$75.00 - In-District
  - Third sport \$50.00 - In-District
2. High school Activities Fees:
  - First activity \$75.00 - In-District
  - Second activity \$50.00 - In-District
  - Third activity \$25.00 - In-District
3. Middle School Athletics Fees:
  - First sport \$75.00 - In-District
  - Second sport \$50.00 - In-District
  - Third sport \$25.00 - In-District
4. There is a \$400 family cap regarding participation fees.
5. Non-District student participation fees shall include an additional \$50 fee per sport/activity.
6. Athletes/Activity participants should be prepared to pay the fee when they register. Students will not be eligible for participation until fees have been paid.
7. Fees will be refunded only if the student quits within the first seven (7) days or a 50% refund within the first twelve (12) days via written notice to the Athletic & Activities Director. As the risk of injury is an assumed risk, an athlete unable to complete the season due to injury will not have his/her fee refunded after the 7 or 12 day periods.
8. Family financial hardship should not be a barrier to participation. If assistance is needed, please contact the Athletics/Activities Office. In order to qualify for a fee waiver, the student must:
  - Qualify for free or reduced lunch program in which:
    - a. Free lunch designation qualifies for full reduction of the fee(s)
    - b. Reduced lunch designation qualifies for 50% reduction of the fee(s)
9. The athletic fee revenue is used to partially defray the cost of the athletic & activities programs. This is NOT a participation fee.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of \_\_\_\_\_  
\_\_\_\_\_

☐ Medically eligible for certain sports \_\_\_\_\_  
\_\_\_\_\_

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		





This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of HistoryForm).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat		
• Pupils equal		
• Hearing		
Lymph nodes		
Heart*		
• Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin		
• Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional		
• Double-leg squat test, single-leg squat test, and box drop or step drop test		

\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

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## ATHLETIC EMERGENCY / CONSENT FORM

NAME OF STUDENT: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

EMERGENCY NUMBER IF NOT AT HOME OR WORK: (    ) \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

FAMILY DOCTOR:

(1) \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

(2) \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_  
\_\_\_\_\_, in consideration of my child's opportunity to participate in interscholastic activities, hereby  
consent to emergency medical 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 any liability of the Buena Vista School District, any of its agents or  
employees, arising out of such medical treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian



## **CONSENT TO TREAT:**

This form is to inform you of the athletic training services associated with the sports programs at your school. The school district has entered into agreement with Heart of the Rockies Regional Medical Center to provide Athletic Training services at **NO CHARGE** to the school and student athletes. An Athletic Trainer assigned to your high school will be the primary provider of these services. As scheduling allows, the Certified Athletic Trainer will be present at some team practices as well as some of the home competitions. In the event it is determined your child needs further evaluation, treatment and/or transportation to the emergency department any and all charges incurred will be the responsibility of the child's parent(s) or guardian(s). If you have a physician whom you would prefer to provide ongoing care following the exam we will forward your child's medical records to that physician at your request.

I hereby authorize the Certified Athletic Trainer(s) and sports medicine staff acting on behalf of HRRMC Orthopedic Sports Medicine Center to evaluate and treat any injury/illness which occur as a result of participation in school athletics, weights, activity classes, or non-sport related injuries which may impact an athlete's participation in sports. This also includes any and all reasonable and necessary preventative care, treatment and rehabilitation of these injuries and illnesses.

I hereby grant permission for the Certified Athletic Trainer(s) to administer pre-packaged, non-prescription Over the Counter Medications (OTC) (Tylenol i.e., acetaminophen), Advil i.e., Ibuprofen, Pepto Bismol/Diotame i.e., bismuth subsalicylate) and Medi-Lyte electrolytes). I understand that the Certified Athletic Trainer will provide the medication in single dose only. No medication will be provided for long term use. HRRMC and the Certified Athletic Trainer accept no responsibility for OTC medications that are defective either by their dosage or dosage recommendations or those that are misused by the athlete.

I understand and agree if my child experiences an injury/ illness or change in their health status it is my and my child's responsibility to inform the Head Coach and the Certified Athletic Trainer.

## **Consent to Release Medical Information:**

I hereby give consent for HRRMC's Certified Athletic Trainer(s) to communicate my child's pertinent medical information to his/her coaches, teachers, counselors, school district administration staff and medical service providers as appropriate to safeguard his/her physical and academic wellbeing.

Student's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONSENT TO TREAT – FORM**

Heart of the Rockies Regional Medical Center Athletic Training





## PARENT OR GUARDIAN PERMIT FOR ATHLETIC PARTICIPATION

**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 student's 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 CHSAA *Competitor's Brochure*.

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 DOCTORS OF CHIROPRACTIC THAT ARE SCHOOL PHYSICAL CERTIFIED, 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.**

**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.

CHSAA RECOMMENDS the American Academy of Pediatrics preparticipation physical evaluation forms for a more comprehensive preparticipation evaluation. Follow the links provided for access to the AAP's forms.  
History Form The Athlete with Special Needs: Supplemental History Form Physical Examination Form Clearance Form

## WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact the Athletic Director for further information.

\*Please note that Buena Vista School District R-31 does not carry an insurance policy for student-athletes. The district policy is a "Catastrophic Accident Insurance Policy." This high deductible policy only provides supplemental coverage to personal insurance in the event of a catastrophic event.\*

Instruction: Sign both copies, retain one for your records, and return the other to your school.

Students Name \_\_\_\_\_ Sport(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This acknowledges that we have read and understand the material contained in the WARNING TO STUDENTS AND PARENTS.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student

# CHSAA BYLAWS – PARENT & STUDENT INFORMATION

Per Bylaw 1720.1, parents and participants must be informed, understand, and acknowledge basic CHSAA eligibility rules and they must acknowledge the risk of participation. This acknowledgement must be kept on file with the school.

A student's participation in high school activities is dependent on his/her eligibility. Protect that eligibility. Read the following summary of Colorado High School Activities Association rules that govern a student's participation. Students and parents alike need to review these rules and ask questions of their coaches/directors, athletic director and school administrators. If a student has any questions, he/she should seek the answers before participating by going first to the coach or athletic director.

**\*\*Please review the following information and acknowledge your understanding of the CHSAA Bylaws by signing at the end and submitting to your School's Athletic Director. Click the blue underlined links to be directed to the CHSAA Bylaws.**

## The CHSAA

The Colorado High School Activities Association has been the governing body of high school athletics and activities (speech, student council and music) in our state since 1921. Our Code of Ethics is integral to our Mission and Vision. The student's school is a voluntary member of the CHSAA and has agreed to follow its rules. Both your school and the Association believe in equal competition among schools and the close relationship between academics and activities.

### I. Discrimination (300)

A student-participant will not participate in or condone unfair discriminatory practices against a fellow participant due to age, gender, race, ethnicity, religion, sexual orientation, or disability, nor shall the student be discriminated against under the same criteria.

### II. Hazing & Bullying (1710.2)

As a student-participant, I will not be the organizer of, or participant in an activity constituting hazing. Hazing is defined as any conduct or method of initiation, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include but is not limited to whipping, beating, branding, forced behaviors involving, food, alcohol, drugs or other substances, destruction of property, and/or brutal treatment or forced physical/sexual activity which is likely to adversely affect the physical health or safety of the student or any other person.

## The CHSAA Rules of Participation

### 1. Academic (1710)

A school must select one of three options for determining the eligibility of all its students, and schools have the right to impose stricter standards.

### 2. Make-up Work (1740)

Each student must be academically eligible in accordance with the above section at the time of participation and during the previous semester. Make up work shall not be permitted after the close of the semester for the purpose of becoming eligible. (Cases involving special circumstances should be referred to your principal.)

If eligibility has been lost from a previous semester, students may regain their athletic eligibility for Fall 2014 on October 9 and for Spring 2014 on March 6 by meeting the respective eligibility requirements above.

Summer school credits accepted by the school may be used to replace credits in subjects failed during previous semesters.

Dropping a class may make you ineligible. If you play while ineligible, you may cause your team to forfeit any contests in which you played.

### 3. Citizenship (1710)

The school principal must approve the student to be a representative of the school's standards of citizenship, conduct and sportsmanship.

### 4. Conduct – Ejections (2200)

If a student is ejected from a contest for unsportsmanlike conduct, he/she will be ineligible for the next scheduled match or contest played at that level including qualifying and state contests. The student may not participate in any contests at any other level during this period. For the season, the student will be permitted to compete in one fewer contest than the maximum allowed each participant in the sport.

A second ejection during the season shall result in a 2 contest suspension. A third ejection will result in a review of the student's future eligibility by the CHSAA Commissioner.



If a student is ejected in the final contest of a season, he/she is ineligible for the first contest of the next sport in which he/she competes and completes the season. Players leaving the bench during a fight shall be ejected and ineligible for the next contest.

## 5. Outside Competition (2100)

As a member of any high school team, a student may practice or compete in that sport during that sport season in a non-school event with prior written permission of the principal.

Members of high school teams may compete in non-school events in that sport without written permission on the day following the completion of the season for the level (freshman, sophomore, junior varsity, varsity) of the team on which they are competing. NOTE: A student becomes subject to the outside competition rule on or after the first date of formal practice, when he or she reports out for practice and is in contention for a berth on the team.

## 6. Undergraduate (1710)

A student may not be a graduate of any high school and participate in high school athletics.

## 7. Recruiting (1810)

Any recruiting based on athletic ability or interest is prohibited.

## 8. Age (1770)

A student's 19th birthday must fall on or after August 1 of the current school year. Exceptions to this rule, based on educational handicaps, may be requested, provided the student's original class has not graduated.

## 9. Semesters (1770.2)

Upon entering high school, a student's eligibility will continue only until his/her original class graduates. Once entering ninth grade, a student has eight consecutive semesters of eligibility. NOTE: If a student drops out of school or misses competition due to an injury, he/she will not receive additional eligibility.

## 10. Seasons (1700.2)

A student is allowed a maximum of 4 seasons in any sport.

## 11. Physical Exam (1780)

A student may not practice or compete (music, student council and speech participants are exempt) without a physical exam that is:

- Signed by an MD, DO, chiropractor who is school physical certified (DC, SPC), nurse practitioner or physician's assistant licensed by the State of Colorado.

- Current within the last 12 months.
- On file with principal or athletic director prior to first practice.

## 12. Practice (2310)

A total of 5 different days of practice is required before participating in any interscholastic game or scrimmage (except football which needs 9 days). OTHER EXCEPTIONS: (A) Golf, skiing, softball and tennis players. (B) Participants in state playoff games completed on or after the first day of formal practice.

No contact between a coach and player is allowed on Sundays during the school year unless it is for a social, academic or service related activity that is strictly voluntary. A student cannot be required to practice or compete outside of the season as a condition of making the team.

## 13. Transfer Rule (1800)

A student who participates in a formal practice at the beginning of the school year and then transfers without a parental move will be ineligible for varsity competition for the remainder of that sports season.

### - Athletic Transfer (1800.6)

Any transfer substantially motivated by athletic considerations will cause the student to be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer.

### - Summer Transfer (1800.5)

A transfer from one high school to another during the summer without a permanent change of domicile by the student and his/her family to the attendance area of the new school will render the student ineligible for varsity competition for the first half of the season in any sport in which the student competed during the previous 12 months. The student may practice with the team and play at the sub-varsity level during this period of restricted participation.

### - Mid-year Transfer (1800.6)

A student who transfers after the start of the school year without an accompanying family move shall:

- Have restricted (sub-varsity) eligibility for the remainder of that school year in sports played in the last 12 months.
- In the next school year, the student will have only sub-varsity eligibility for the first 50% of the season in those sports played 12 months prior to the move



- **Transfer with Club Coach or Previous Coach (1800.6)**

A student transferring or moving for any reason to a new school where the student's non-school coach is also a coach of the school team, is considered to be attending for athletic purposes. The student, as a result of this transfer, will be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer. If a student transfers to a school where his/her previous coach is a coach of the current school team, that move will be deemed motivated by athletic consideration.

As used in this Rule, the coach may be a former school coach or non-school coach and the term "coach" includes any person who coaches, volunteers (regardless of compensation) or assists in any capacity with the coaching or training of the school or non-school team.

- **General Transfer Information (1800)**

It is the student's responsibility to know the CHSAA Transfer Rule and how it affects that student's eligibility. The CHSAA Commissioner may grant exceptions to this rule in unusual cases. Only schools may submit a waiver. If a waiver of the transfer rule is requested, the student is not eligible until the waiver is approved by the CHSAA Commissioner. Transfer cases involving separation and/or divorce proceedings should be reviewed with the school administration.

**15. Awards (2010)**

Individuals participating in any interscholastic athletic/activity sponsored and/or approved by the Association shall not

accept cash or merchandise awards. Awards must be symbolic in nature with no functional or intrinsic value with a cost of no more than \$50.00.

**16. Amateur (2000)**

If a student participates in a CHSAA approved sport, in other than CHSAA competition, his/her amateur status is determined by the rules of the amateur governing body of that sport. Amateur status of Colorado high school athletes applies only to sports sanctioned by the CHSAA.

**17. Bullying & Hazing (1710.2)**

The Colorado High School Activities Association, in conjunction with its member school, prohibits bullying, hazing, intimidation or threats. Hazing includes 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.

*After reviewing the above information, if you still have questions, please contact your school's athletic director. This list is by no means inclusive; however, it is intended to outline the most common questions and bylaws. For more information, please visit our website [CHSAANow.com](http://CHSAANow.com).*

## Checklist for Student Eligibility

*If a student cannot check any of the items, he/she needs to contact the athletic director or principal.*

- |   |   |
|---|---|
| <input type="checkbox"/> At least 5 full credit classes.  | <input type="checkbox"/> Will not or have not turned 19 before August 1.  |
| <input type="checkbox"/> (Choose 1) <u>Option A</u> (Failing no more than one class)                                      | <input type="checkbox"/> Has not been in high school longer than 8 consecutive semesters.   |
| <u>Option B</u> (Passing a minimum of 5 full-credit classes)  | <input type="checkbox"/> Will not play more than 4 seasons in any sport.  |
| <u>Option C</u> (Approved alternate academic program)   | <input type="checkbox"/> Will not compete or practice in any non-school events in my sport once reporting out for the team, without the permission of my principal. |
| Complied with first two items last semester.  | <input type="checkbox"/> Has complied with all other school, district, and local eligibility requirements.  |
| <input type="checkbox"/> Physical exam within the last calendar year.   |   |
| <input type="checkbox"/> Parent permit form on file at the school.  |   |
| <input type="checkbox"/> Have not changed schools during the current school year without a corresponding move by parents. |   |

I have read and understand the CHSAA Eligibility Rules as documented here as well as specifically read in the CHSAA Bylaws. I understand and acknowledge the inherent risks of participating in Athletics and 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.

Signed: \_\_\_\_\_ (Parent)

\_\_\_\_\_ (Participant)

\_\_\_\_\_ (School)

\_\_\_\_\_ (Date)