

**AKRON SCHOOL DISTRICT R-1**  
**PARENT PERMISSION FOR ATHLETIC PARTICIPATION**

*Before an athlete is permitted to participate in the Akron School District athletic program this permission form must be signed for each sport and on file with the school.*

As the undersigned parent or legal guardian of the student identified below ("my child") I understand and hereby acknowledge that the participation of my child in the activity(ies) listed below involves(s) INHERENT RISKS AND HAZARDS, including without limitation, dehydration, heat stroke, heat cramps, suffocation, paraplegia, quadriplegia and other serious permanent physical impairment and even death, as well as minor or catastrophic property damage and loss. There also are risks that cannot be anticipated. I am aware that the usual risks of travel are involved and do hereby give my child permission to take part in, and travel, in connection with the below listed activity(ies). ON BEHALF OF MY CHILD AND MYSELF, I FREELY ACCEPT AND FULLY ASSUME ALL COSTS, RISKS, DANGERS, AND HAZARDS of my child's participation in athletic practices and competitions.

I also understand that the Akron School District R-1 cannot accept and will not have any responsibility for my child's acts or omissions.

**RELEASE OF LIABILITY, WAIVER OR CLAIMS:**

In consideration of the School District allowing my child to participate in athletic practices and competitions, on behalf of my child and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on my child's behalf against the School District, its Board of Education, employees, representatives, agents and volunteers, arising directly or indirectly from my child's participation in athletic practices and competitions.
2. TO RELEASE AND HOLD HARMLESS THE SCHOOL DISTRICT, its Board of Education, employees, representatives, agents and volunteers from any and all liability for any claims, loss, damage, injury or expense that my child may suffer as a result of, but not limited to, my child's participation in athletic practices and competitions.

I HAVE FULLY READ AND UNDERSTAND THIS RELEASE AND AGREE TO BE BOUND BY IT. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF MY CHILD AND/OR MYSELF TO BRING LEGAL ACTION AGAINST THE AKRON SCHOOL DISTRICT R-1. I SIGN IT KNOWINGLY AND VOLUNTARILY AND OF MY OWN FREE WILL.

I hereby give my consent for my child to compete in athletics with Akron School District R-1 in the following Colorado School Activities Association approved sports:

Parent or Legal Guardian Signature \_\_\_\_\_ \*

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_ \*

Student Name: \_\_\_\_\_ \*

**RESPONSIBILITY TO PROVIDE INSURANCE:**

I fully understand that the Akron School District R-1 does not provide any accident or health insurance coverage for my child while participating in interscholastic athletics. I fully understand that it is my responsibility to provide for my child's health, medical, dental and property insurance.

Parent or Legal Guardian Signature \_\_\_\_\_ \*

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_ \*

Student Name: \_\_\_\_\_ \*

## AKRON JR/SR HIGH ATHLETIC CODE

1. Athletes must have a current physical, parental permission form, proof of Insurance form, and training rules form with the school before the first formal practice of their respective sport's season. **Additionally, a \$30.00 sports fee must be paid before athletes can begin practicing for each respective athletic season.** Coaches are responsible in seeing that their athletes have met each of the aforementioned requirements before athletes can practice.
2. A bus or small vehicle release form must be signed by parents if athletes wish to ride home from a game or scrimmage in a vehicle other than the one the school has provided. Pre-approved parental permission is needed if you are riding home with someone other than your parents. This other party must be a responsible adult. This request must be turned in to the high school office the day prior to the event
3. If you are not in school the full day of an athletic event you must have a pre-excused or excused absence in order to play or practice that day. All school-related activities are excused. Examples of pre-excused absences are funerals, college visits or doctor appointments. Students should be in school ½ day to practice. (If you are ill we prefer you stay home and get well and keep exposure to a minimum.)
4. Report any and all injuries immediately to the coach or supervisor so an accident report can be promptly filed.
5. All uniforms practice gear and equipment issued to athletes must be returned within two weeks after the conclusion of that athletic season.
6. Eligibility for the week is pulled on Thursday afternoon and is enforced Monday through Sunday of the following week. Failing two or more sports renders athletes ineligible for the week. Failing is a grade below 70%

### TRAINING RULES:


**\*\*The following must be signed by the athlete before the first formal practice of their season and, once signed, are in force from the first day of practice within each individual season to the last formal day of that sport season. These rules will not be in force during the summer or sport season in which the athlete does not compete.**

1. Training rules will be implemented upon the signed legal complaint of a police officer or signed legal complaint of an adult. Additionally, Akron coaches, administrators, and board members may report violations to the building principals allowing action to be taken.
2. Athletes must not possess or use tobacco products, vaping, alcohol, or any drugs other than prescribed or over-the-counter drugs.
3. Athletes who violate these rules for the first time will be unable to participate for the next two contests in basketball, volleyball, baseball and softball, or the next contest/tournament in football, wrestling, and track (Junior High – 1 contest or tournament or meet). Also, with the first violation the athlete must meet with an administrator/counselor/mentor to discuss the violation. With the second violation in the school year, the athlete will forfeit participation for the remainder of the school year and must enter and complete the aforementioned counseling program before he/she can compete the next school year.
4. If the athlete quits the activity after serving their suspension, or in any way tries to circumvent the latest of these rules, the penalty will be applied to the next sport season of competition.
5. Athletes may practice while under contest suspension, but they may not travel with the team or sit on the bench with the team.

\* Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_ \*

\* Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_ \*

**Akron High School  
Athletic Participation Permission Form  
Proof of Insurance Form**

 I hereby give my consent for \_\_\_\_\_ to compete in athletics for  
Akron High School/Junior High School in CHSAA approved sports.



Akron School District R-1 does not offer any school plan for student insurance. Parents or Guardians must certify that they have an insurance policy to cover any injuries that the student-athlete might incur while participating in our athletic program BEFORE the athlete will be allowed to participate in any practice or contest. The District does not assume any responsibility for injuries.

Further, I understand that participation in interscholastic athletics may result in injury which may range in severity from minor to long-term catastrophic. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems immediately to their coaches, follow a proper conditioning program, and inspect their own equipment daily. By signing this permission form, parents acknowledge that they have read and understand this warning. If you do not wish to accept the risks described herein, you should not sign the permission form.

Therefore, I release Akron School District R-1 of any obligation for injuries my son/daughter,  
\_\_\_\_\_ may receive while participating in the school athletic programs. I  
have an insurance policy to cover injuries with the following company.

 \_\_\_\_\_   
Name of Insurance Company Policy Number

\_\_\_\_\_  
Address of Company

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



# **Student or Parent: Please complete this side of the form.**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male Female

## **Check the sport(s) that you will be playing:**

Baseball Golf Basketball Wrestling Cheerleading Volleyball Cross-Country Soccer Football Softball Other Track/Field

Has a doctor ever denied or restricted your participation in sports for any reason?	Yes	No
Have you ever been hospitalized? If yes, please explain:		
Have you ever had surgery? If yes, please explain:		
Are you currently taking any medications/supplements? If yes, please list:		
Do you have any allergies (medicines, pollens, food, stinging insects)? If yes, please list:		
Have you ever passed out DURING or AFTER exercise?		
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
Have you ever been lightheaded during exercise?		
Does your heart ever race or skip beats (irregular beats) during exercise?		
Has any family member or relative died of heart problems or an unexplained sudden death before age 50?		
Does anyone in your family have Marfan Syndrome?		
Do you have any skin problems (rashes, itching)?		
Have you ever had a head injury (e.g. knocked out or had a concussion)? If yes please explain:		
Have you ever had a seizure?		
Have you ever had neck pain or a neck injury?		
Do you cough, wheeze or have difficulty breathing during or after exercise?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Has a doctor ever told you that you have any of the following heart problems? Circle all that apply.		
High Blood Pressure   Heart murmur   Heart Infection   High Cholesterol   Kawasaki Disease		
Have you ever injured (broken/fractured, sprained, dislocated) any of the following areas? Circle all that apply:		
Ankle   Back   Chest/Ribs   Elbow   Foot/Toes   Forearm   Hand/Fingers   Hip		
Knee   Neck   Shin/Calf   Shoulder   Thigh   Upper Arm   Wrist		
Have you ever had or do you currently have any of the following medical problems? Circle all that apply:		
Asthma   Diabetes   Eye/Ear Injuries   Headache (frequent)   Hepatitis   Hernia(s)   Measles		
Mononucleosis   Sickle Cell Trait/Disease   Stomach Ulcer(s)   Tuberculosis   Any Stress Fractures		
For Females: How old were you when you had your first menstrual period? _____ N/A When was your last period? _____ N/A		
Are your periods:   Regular/Monthly   Irregular/Skip Months		

Please feel free to ask the provider to address any questions/concerns you have. All discussions are kept confidential. The above information is current and correct to the best of my knowledge.

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



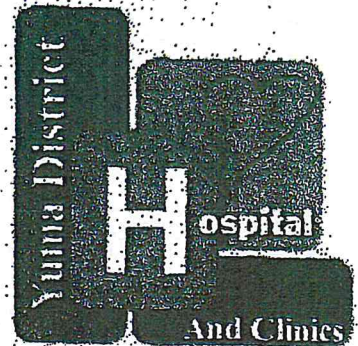
## Physical Examination

Nurse to complete this section:

Height \_\_\_\_\_ BP \_\_\_\_\_

Weight \_\_\_\_\_ Pulse \_\_\_\_\_

Yuma District  
Hospital and  
Clinics  
1000 W 8<sup>th</sup> Ave  
Yuma, CO 80759  
970-848-5405



Provider to complete this section:

	Normal		Normal
1. Skin	_____	9. Abdomen	_____
2. Head	_____	10. Extremities	_____
3. Eyes	_____	11. Neurologic	_____
4. Ears, Nose, Throat	_____	Reflexes	_____
5. Neck	_____	12. Orthopedic	_____
6. Lymphatic's	_____	Cervical spine/back	_____
7. Respiratory	_____	Arms/elbows/wrists/hands	_____
8. Cardiovascular	_____	Hips	_____
Heart (murmurs)	_____	Knees	_____
Pulses (radial/femoral)	_____	Ankles/feet	_____

Comments/Recommendations: \_\_\_\_\_

Medical Clearance (as appropriate for age and development)

Full Contact/Collision Level

Limited Contact/Impact

Noncontact: Strenuous

Noncontact: Non-strenuous

Clearance deferred or no participation at this time because: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ MD/DO/FNP/PA Date: \_\_\_\_\_