



## 2008-2009 High School Athletic Registration Packet

**Boulder Panthers**  
**Centaurus Warriors**  
**Monarch Coyotes**  
**Peak to Peak Pumas**

**Broomfield Eagles**  
**Fairview Knights**  
**Nederland Panthers**

**Checklist of Required Items:** Registration packets require signatures of both the student-athlete and the parent/guardian.

Please take each of the following with you to register at the students HOME high school! If you have specific questions, please contact the athletic director at the high school.

\_\_\_\_\_ **PHYSICAL EXAM**

Students must have a current physical exam within the last 365 days. Most *physicians have the forms* or will provide a form.

\_\_\_\_\_ **REGISTRATION FEE**

The registration fee for athletics may be paid by check or cash directly to the school. The fee is \$135 for each sport. There is a family limit of \$405 per year.

If you have multiple student athletes or children playing at both HS and ML in BVSD, there is a combined family cap of \$405.00. Once you have reached combined max, please make copies of your receipts and present them to the school when requesting the next sport waiver.

Athletic fees are waived for students with Free or Reduced Lunch status and for financial hardship; contact the principal's office for additional information.

\_\_\_\_\_ **SIGNATURES** - required by both the student AND the parent/guardian on the attached forms:

Athletic Registration  
Code of Conduct,  
Insurance Information  
Respect Pledge  
Parent Permission  
And BCSD Consent for Treatments

### **First Practice Dates:**

In order to participate on the first official day of practice, all forms must be **completed** and **turned in** to the athletic office.

Fall: August 11<sup>th</sup>  
August 4<sup>th</sup> Boys Golf

Winter: November 12<sup>th</sup>

Spring: February 17<sup>th</sup>



Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

## BVSD ATHLETIC CODE OF CONDUCT

**\*\*\*To be signed once per athlete – athletic participation after signing while attending BVSD High School indicates agreement to Code expectations throughout the STUDENT ATHLETE CAREER\*\*\*\***

The athletic code of conduct must be signed by all students at the beginning of the student's HS athletic career. The code of conduct is **in effect for the ENTIRE high school career for all athletic activities**. Because not every conceivable incident can be covered by any contract, based on specific circumstances, the school administration reserves the right to determine appropriate consequences. As per long standing BVSD and CHSAA policy, a school administrator may impose athletic consequences for poor citizenship inside and outside the school environment.

### **Drug, Alcohol, Tobacco Use, Possession, or Distribution**

#### **First Offense:**

1. The student is suspended for 20% of total **scheduled** contests. Any fractions of games are rounded up to the nearest whole number.
2. The period of suspension from school supersedes the 20% game suspension. For example, if a student is suspended from school for 5 days, the student may miss more games than required by the code of conduct.
3. If a student **self-reports** to his/her school administrator (within 72 hours) an incident that occurred **off school grounds** and **not** at any school-sponsored activity, the student is suspended for only 10% of all scheduled contests. This only applies to the first offense. **No incident that occurs on school grounds or at school-sponsored activities is eligible for a reduction of consequences whether it was self-reported or not.**
4. Suspensions must be served at the highest level of competition for that athlete as determined by the athletic director. The athlete may not compete at **any level** until the suspensions have been served. For example, a player who plays JV and Varsity must serve his/her suspensions at the varsity level before regaining eligibility.
5. Game suspensions not fulfilled during the season in which the incident occurred **are** carried over into the next athletic season the athlete competes in (in the same school year). Administrator will determine suspension carry-over from season to season.
6. Game suspensions not fulfilled during the school year in which the incident occurred **are** carried over into the following school year **for the first offense**. Consistent with BVSD School Board policy, **incidents** of drug, alcohol, or tobacco use **are** carried over for 3 calendar years. For example, a student violates the code of conduct in the spring season, following the completion of that season he/she will be suspended for any games during the fall season (if he/she competes). Another incident (within 3 calendar years) will be considered the second for purposes of determining consequences.
7. BVSD will honor any disciplinary consequences imposed by a previous school district before a transfer student becomes eligible to compete at any level in any athletic activity for any BVSD school.

#### **Second Offense within 3 Calendar Years:**

1. The student is suspended for 50% of total scheduled games. Any fractions of games are rounded to the nearest number.
2. Suspensions must be served at the highest level of competition for that athlete as determined by the athletic director. The athlete may not compete **at any level** until the suspensions have been served. For example, a player who plays JV and Varsity must serve his/her suspensions at the varsity level before regaining eligibility.
3. Game suspensions not fulfilled during the season in which the incident occurred **are** carried over into the next athletic season the athlete competes in.
4. Game suspensions not fulfilled during the school year in which the incident occurred **are** carried over into the following school year.

#### **Third Offense within 3 Calendar Years:**

1. Student is suspended from participation in all athletic activities for one calendar year.
2. The athlete may petition the Athletic Director for re-admittance to the athletic program after a period of four (4) months, if the athlete participates (at his own expense) in a pre-approved (by school administrator) rehabilitation or treatment program. The rehabilitation or treatment center must provide a written recommendation for re-admittance before the petition can be considered.

#### **Reminders:**

1. A school suspension may produce more than 20% of missed games.
2. Incidents carry over from season to season.
3. Incidents carry over from year to year for 3 calendar years.
4. Students may not transfer between school/districts to avoid penalties.

### **ACKNOWLEDGEMENT**

I, \_\_\_\_\_, desire to be a participant in the interscholastic athletic program representing BVSD. Participants include team members, team managers, and other students eligible to receive an athletic letter award. My signature acknowledges that I have read and understand this code and agree to comply with it.

**\*\*\*To be signed ONCE per athlete – athletic participation after signing while attending BVSD High School indicates agreement to Code expectations throughout the STUDENT ATHLETE CAREER\*\*\*\***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**BOULDER VALLEY SCHOOLS ATHLETIC INSURANCE WAIVER**  
**High School**

I understand that the Boulder Valley School District does not provide accident insurance for any student participating in school sports or any other school activity. American Youth Insurance Company offers a school time or 24 hour (12 month) type of insurance which will provide accident coverage for Middle Level and Senior High School Sports.

**CHECK ONE:**

- \_\_\_\_\_ I have purchased one of the accident insurance plans offered by American Youth Insurance  
OR  
\_\_\_\_\_ I have other accident insurance coverage  
OR  
\_\_\_\_\_ I do not have insurance and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Student)  
Signed: \_\_\_\_\_  
(Parent/guardian)

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**RESPECT PLEDGE**

*Colorado High School Activities Association (CHSAA)*

All people in our community need to know that respect is a lifetime value taught through inter-scholastic activities; it is a principle of good citizenship. By taking this pledge, a person chooses to accept the responsibility for his or her actions, whether as a participant or spectator.

**Why do we need to demonstrate respect for each other?**

1. To decrease the emphasis on winning or losing.
2. To promote ethics and integrity in all walks of life.
3. To learn the attitudes necessary for responsible behavior.
4. Respect is about the relationships – not the game.

**The CHSAA Student Participant Respect Pledge**

*(to be read and signed by the student)*

I, \_\_\_\_\_, will focus my actions as a student participant on respecting my opponents, coaches, sponsors, parents, fans and officials. I believe that by demonstrating respect for all people involved in my activity. I am a catalyst for positive interaction among participants in interscholastic activities and athletics. By taking this pledge, I accept the responsibility of serving as a role model for all students in my community.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**The CHSAA Spectator Respect Pledge**

*(to be read and signed by the parent)*

I, \_\_\_\_\_, will focus my actions as a spectator of high school athletics and activities on respecting all participants, coaches, sponsors, and officials. I believe that by demonstrating respect for all people involved in activity. I am a catalyst for positive interaction among participants and fans of interscholastic activities and athletics. By taking this pledge, I accept the responsibility of serving as a role model for all members of my community.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**PARENT PERMISSION FORM**

**\*\* WARNING: By its nature, participation in interscholastic athletics includes a risk of injury, this 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 can and have the responsibility to help reduce the chance of injury. 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 understand this warning. PARENTS AND/OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

**Please complete ONE of the following paragraphs:**

1. Students enrolled in a **Boulder Valley School District** Middle or High School: I hereby give my consent for \_\_\_\_\_ to participate during the current school year in all of the following intra-district or interscholastic sports: baseball, basketball, cross country, football, golf, gymnastics, lacrosse, skiing, swimming, tennis, track and field, wrestling, volleyball, soccer, softball. (Cross out sports in which student should not participate.)

**OR**

2. Students participating in **home-based educational program**: I hereby give my consent for \_\_\_\_\_, who participates in a non-public home-based educational program located in the attendance boundaries of \_\_\_\_\_ School, to participate during the current school year in all of the following interscholastic sports: baseball, basketball, cross country, football, golf, gymnastics, lacrosse, skiing, swimming, tennis, track and field, wrestling, volleyball, soccer and softball. (Cross out sports in which student should not participate.)

**OR**

3. Students enrolled in a **non-BVPS high school in a contiguous school district**: I hereby give my consent for \_\_\_\_\_, who attends \_\_\_\_\_ School, which does not sponsor the particular interscholastic activity of \_\_\_\_\_, to participate only in that particular interscholastic activity at \_\_\_\_\_ School.

.....

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Student)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Parent or Guardian)

## Consent to Release Healthcare Information

I, \_\_\_\_\_, hereby authorize the Boulder Center for Sports Medicine Certified Athletic Trainer to:

\_\_\_\_\_ (Please initial) disclose information regarding potential injuries sustained by my student athlete with his/her coach and/or teacher. Any information disclosed to the respective coach and/or teacher will be used to modify athletic participation for the safety of your student athlete.

\_\_\_\_\_ (Please initial) **NOT** disclose information regarding potential injuries sustained by my student athlete with his/her coach or teacher.

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student Athlete (printed)

This consent is good for the duration of the school year, unless I rescind my permission in writing to the Boulder Center for Sports Medicine at 311 Mapleton Avenue, Boulder, CO 80304.

## ***CONSENT FOR TREATMENT***

Sport/s \_\_\_\_\_ I understand that my son/daughter \_\_\_\_\_  
*(Print name of student)*

may be injured while participating in school sponsored athletics. I hereby grant permission to the team physician and Certified Athletic Trainer to administer any preventative, first aid or emergency treatments that they deem reasonably necessary to the health and well-being of my student athlete. I understand the Certified Athletic Trainer may offer my student advice concerning nutrition, hydration and conditioning. The Certified Athletic Trainer may also provide my student with hot or cold packs, wound care, taping, massage, ultrasound, electrical stimulation, whirlpool treatment and therapeutic exercise.

### **Please use this form to list**

- **any medications your student athlete takes on a regular basis.**
- **any food or medication allergies**
- **any medical conditions that we need to be aware of in order to properly care for your son or daughter.**

Name of Parents: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_  
(please print)

Mother's Home #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Father's Home #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_