

**Boulder Panthers ...Broomfield Eagles...Centaurus Warriors...
Fairview Knights...Monarch Coyotes...Nederland Panthers...Peak to Peak Pumas**

Please note: BVSD will no longer provide transportation to all athletic events. Please communicate with your athletic director and head coach regarding which competitions will not have school transportation.

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 student's HOME high school! If you have specific questions, please contact the athletic director at the high school.

_____ PHYSICAL EXAM

Per CHSAA and BVSD athletes must have a current physical exam within the last 365 days.

_____ REGISTRATION FEE

The registration fee for athletics may be paid by check or cash directly to the school. The fee is \$185 for each sport. There is a family limit of \$405 per year.

- If there is a financial hardship please contact the athletic director to set up payment or waiver arrangements.
- 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 16th
August 9th Boys Golf

Winter: November 12th

Spring: February 28th

Student Name _____ (M F) Grade ____ Current Sport(s): _____

**Boulder Valley Public Schools
Athletic Registration/Emergency Information**

Address _____ City _____ Zip _____

Parent Name _____

Home Phone _____ D.O.B. _____ Age _____

Father's Phone (Day) _____ Mother's Phone (Day) _____

Father's (Cell/Pager) _____ Mother's (Cell/Pager) _____

Email address: _____

School Currently Attending _____ Grade _____

School Attended Last Year _____

Did you participate in an athletic program at this school: yes no (circle one)

Name of Insurance Company: _____ Group/ID# _____

** List two **LOCAL** people who will temporarily care for your student if you cannot be reached:

During The School Day

1. Name _____ (Phone) _____

2. Name _____ (Phone) _____

After School Hours

3. Name _____ (Phone) _____

4. Name _____ (Phone) _____

Family Doctor _____ Phone # _____

Address _____ City _____

Family Dentist _____ Phone # _____

Address _____ City _____

HEALTH INFORMATION: List any significant or on-going health conditions relevant to school or athletics (severe allergies / epi pen, asthma , A.D.D., birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, medications, etc.) I hereby give my consent for medical treatment deemed necessary by physicians for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment. **PLEASE LIST IN THIS SPACE**

(PARENT/GUARDIAN SIGNATURE)

(DATE)

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:

- OR 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)

Transportation

Please note: **BVSD will not provide transportation to all athletic events.** Most transportation changes will be on Saturdays and within BVSD schools. Within BVSD, in some cases, school transportation will be provided to the competition, but it will be the parents' responsibility to provide transportation home from the event location. Please communicate with your athletic director and head coach regarding which competitions will not have school transportation.

When District transportation is not available and/or other alternative forms of transportation are utilized, the District cannot and does not assume any responsibility for the safety, training of drivers, condition of vehicles, adequacy for the use or purpose intended or any other matters related to any non-District transportation.

We, the undersigned parent/guardian and student, hereby acknowledge, agree and understand that the District does not insure, endorse, approve or sponsor any form of non-District transportation, whether by parents, students or otherwise, to and from District off-campus activities, events or competitions. We, the undersigned parent/guardian and student, further acknowledge it is our responsibility to provide or arrange for our child's transportation to District events when District transportation is not available.

Date: _____ **Signed:** _____
(Parent or Guardian)

Date: _____ **Signed:** _____
(Student)

PARENT PERMISSION

**** 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.

I hereby give my consent for _____ to participate during the current school year in one or 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.)

.....

Date: _____

Signed: _____

(Student)

Date: _____

Signed: _____

(Parent or Guardian)

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

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:

