



Athletics and Activities Program

# Regional Athletics and Activities Program

4800 Telluride St. Bldg 5, Suite 1-154, Denver, CO 80249

Telephone: 720-541-6520

## Student Information and Emergency Card

\*Required

Student Name*		Date of Birth*	Age
School		Grade	
Parent's/Guardian's Name		Parent's/Guardian's Name	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	
Student Email Address		Parent Email Address	

## Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

## Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations Ex: Asthma, Diabetes, Allergies

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I hereby give my consent for my student to compete in athletics for the Warriors Athletics team in the Far Northeast Region 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 CHSAA site)

No student athlete shall represent their school in interschool athletics until there is a statement on file with the

Superintendent, principal or Regional Athletics and Activities Director 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, 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.

### **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 your Regional Athletics and Activities Director for further information.

By signing this page, this will acknowledge that we have read and understand the material contained on this page.

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

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



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### **Disclaimer: School Bus and Excursion to and from Athletic/Activity Events**

The undersigned parent/guardian accepts full responsibility for the listed student during the 2014-2015 school year while traveling to and from athletic contests or student activity events. The undersigned furthermore releases the Denver Public Schools, Regional Athletics and Activities Program, Warriors Athletics, administrators, faculty, staff, peers, and coaches from all liability with regard to any and all incidents that may transpire while traveling to and from athletic contests or student activity events.

By signing below, I agree to the above statements, and realize that the Denver Public Schools, administrators, faculty, staff, peers, and coaches cannot guarantee the safety of any of the schools' students who do not ride a school bus to and from athletic contests.

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Parent's/Guardian's Signature

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Date



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