

1. INSURANCE STATEMENT

_____ I have purchased an accident insurance plan from or am covered under a family medical plan.

_____ I do not have insurance, and I will assume responsibility for payment of expenses incurred in the event of injury to my son/ daughter. Manitou Springs Schools will not be held responsible for any medical bills or debts resulting from any injury to the above named athlete while participating in any scrimmage or contest.

2. COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school baseball, basketball, cross country, football, golf, gymnastics, ice hockey, skiing, soccer, swimming, tennis, track and field, volleyball and wrestling. *(Please cross out any sport in which the student should not participate.)*

Student's birth date: _____

* Date: _____ Signed: _____
(Physician's signature)

(Type or print name)

Address: _____

(Valid for 365 days unless rescinded.) _____

3. PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage, by its nature, participation in interscholastic athletics includes:

A. *Risk of injury, which 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 the 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 equipment daily.*

B. *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.*

I hereby give my consent for _____ to compete in athletics for Manitou Springs Schools in Colorado High School Activities Association-approved sports. I have read the rules stated on the attached pages and am aware of the expectations placed upon my son or daughter.

* Date: _____ Parent/Guardian Signature: _____

4. STUDENT SIGNATURE OF ACCEPTANCE

* **I have read the attached activities / athletics training rules (revised 5/1/2010) and agree to abide by them:**

Student's Signature: _____ Date _____

* **Athletes: Sign all 4 sections of this page! Band and Choir Students: Sign numbers 3 and 4!**