WPHS ATHLETICS/ACTIVITY REGISTRATION – 2020/2021
In District Student

Student's Name _____ _____ **Grade**_____
Last **First**

NEW TO WOODLAND PARK SCHOOL DISTRICT in the last 12 months? **Yes** ____ **No** ____

If Yes, Date of Transfer_____ (CHSAA Form 9 is required for Athletics).

Previous School and Location_____

Reason for Transfer _____

Please complete this MEDICAL HISTORY QUESTIONNAIRE unless you are providing an *Athletic Physical*

Please circle the correct answer – ALL INFORMATION IS CONFIDENTIAL

YES NO 1. Do you have any Allergies? _____

YES NO 2. Are you currently on prescribed medication on a permanent or semi-permanent basis (i.e., birth control, allergy shots, steroids, etc.)?

*** **If so, please indicate name of medication and why prescribed** _____

YES NO 3. Have you ever experienced an epileptic seizure or been informed that you might have epilepsy?

YES NO 4. Have you ever been treated for diabetes?

CONSENT FOR EMERGENCY TREATMENT FOR INTERSCHOLASTIC ACTIVITY INJURIES

I,_____, parent or guardian of _____ in consideration of my (sons/daughters) opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurses, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the School District, any of its agents or employees, arising out of such medical treatment.

_____ _____
(Parent/Guardian Signature) **(Date)**

For Office use only

Physical Date _____

Fall Sport_____ Paid _____ Activity _____ Paid _____

Winter Sport_____Paid _____ Activity _____ Paid _____

Spring Sport_____Paid _____ Activity _____ Paid _____

Student Name: _____ Grade:_____

1. CONFIRMATION OF INSURANCE

All Woodland Park students participating in interscholastic athletics/activities must be covered by an accident insurance plan that would cover the first $25,000 of medical expense. Parents have the option of taking advantage of the Student Insurance Plan made available by the school district or certifying that they have adequate coverage of their own. Accident coverage is required for participation. Participants in football must have adequate personal family plan coverage, if not; it is recommended that you purchase the Tackle Football coverage made available by the school district. It must be understood by the signer that insurance transactions will be your obligation between you and the company listed below. The school, coaching staff or district will not be held responsible in any manner for the injury payment or procedures in making any claims.

_____ I certify that participant has adequate coverage with _____
(Name of Insurance Company)

_____ _____
(Parent/Guardian Signature) (Date)

_____ I request information on coverage offered by the school district _____ _____
(Parent/Guardian Signature) (Date)

2. PARENT/GUARDIAN PERMIT

WARNING: Although participation in supervised, interscholastic athletics/activities may be one of the least hazardous in which any student will engage, by its nature, participation in interscholastic athletics/activities includes r***isk of injury, which may range in severity from minor, to long-term catastrophic.*** Although serious injuries are not common in supervised athletic/activities programs, it is impossible to eliminate this risk. Participants have responsibility to help reduce the chance of injury by:

A. **Obeying all safety rules, reporting all physical problems to their coaches/sponsors, following a proper conditioning program, and inspecting their own equipment daily.**
B. **Receiving an annual sports physical to be turned in to the WPHS Athletics Office prior to athletic participation.**
C. **Seeking medical attention in the case of injury, after which the athlete may not be cleared to play until receiving a release from a physician.**

By signing below, we consent to the participation of the above named student in the interscholastic program of his/her school including practice sessions and travel to and from athletic/activities events. We also agree to medical treatment as deemed necessary by the appropriate personnel (Athletic Trainer, Physician, EMT) designated by school authorities. By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPAA Regulations. We acknowledge that my student's medical information will be kept in a HIPPA and FERPA compliant Athletic Trainer System. We also acknowledge that we have read and understand the above permits and warnings. **Parents or students who do not wish to accept the risks described in this warning should NOT sign this permission form.

_____ _____ _____ _____
(Parent/Guardian Signature) (Date) (Student Signature) (Date)

3. HANDBOOK (CHSAA and WPHS)

I hereby certify that I have read the Woodland Park School District Handbook of Rules and Regulations for Athletics and Activities found on the high school website, as well as the CHSAA Competitor's Brochure (as found on the CHSAANow.com website) and further certify that I understand and agree to abide by its contents. I understand by signing this, I have read and agree to abide to the suspension policy for the use of tobacco, alcohol, drugs, etc., as stated in Section IX 2a.

_____ _____ _____ _____
(Parent/Guardian Signature) (Date) (Student Signature) (Date)

4. PHOTO RELEASE

I give permission for my child's photo taken at WPHS sporting events and other school activities to be published on the WPHS website and/or public media, including but not limited to local newspapers. The use of these photos is to promote WPHS activities and provide public recognition for our deserving students.

_____ _____
(Parent/Guardian Signature) (Date)

5. CHSAA ANTI-HAZING POLICY

CHSAA prohibits bullying, hazing, intimidation, and threats. Hazing includes, but is not limited to humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive consumption of liquids or foods, or any activity that requires a student to engage in illegal activity. By signing this form, I affirm my responsibility to prevent and also to report hazing to a sponsor, teacher, counselor, coach, or administrator. I also understand that any violation can result in school or team consequences that could include dismissal from the team or further disciplinary action.

_____ _____
(Student Signature) (Date)