

Grade: _____

First Name: _____

Last Name: _____

FB _____ CC _____ VB _____ SW _____ BB _____ WR _____ TR _____

**Windsor Middle School/Weld RE-4 School District
Sports Participant Form**

Name: _____ Sex: _____ Grade: _____ Age: _____

Address: _____ City/State/Zip: _____

Father/Guardian: _____ Mother/Guardian: _____

Father Cell Phone: _____ Mother Cell Phone: _____

In An Emergency, If Parents cannot be reached, notify:

Name: _____ Phone: _____

Family Physician _____ Phone: _____

Athletic Insurance Waiver

By my signature below I fully understand that Windsor School District Re-4 does not provide any accident or health insurance coverage for my son or daughter while participating in interscholastic athletics or any other school activity. I fully understand that it is my responsibility to provide accident/health insurance coverage for my son/daughter and that my son or daughter may not participate in any athletic activities without proof of insurance as stated below. Please check one of the options below.

_____ I have health/medical insurance coverage for my son or daughter

Company _____

Policy/Group # _____

OR

_____ I have purchased student insurance available through the Windsor Re-4 School

District for my son or daughter

Confirmation # _____

Parent/Guardian Signature

Date

****Physician Permit for Athletic Participation****

I hereby certify that I have examined _____
and that the student was found physically fit to engage in school basketball, cross country, football,
swimming, track and field, wrestling, volleyball.

Date of physical: _____

Signed: _____

(Valid for 365 days unless rescinded)

Physician (Must be signed by MD, DO, NP, PAC, or DC)

Please Print

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Parent or Legal Guardian Permission Form

Although participation in supervised interscholastic athletics and activities may be one of the least hazardous activities in which students will participate in or out of school, by its nature participation includes 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 own equipment daily.

By signing this Permission Form, we acknowledge that we have read the above information. 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 _____

1. To represent his/her school in approved athletic activities, except those crossed out in this booklet by the examining medical doctor;
2. To be transported to and from scheduled events in school district vehicles and in private vehicles only in accordance with district policies;
3. To receive, through a medical doctor of the school's choice, emergency medical care, this may be necessary in the course of such athletic activities or such travel;
4. To receive first aid or other treatment as may be required from coaches or athletic trainers in the course of participation in a school sponsored activity.

I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above-named student in the proper course of such athletic activities or travel.

I have read the foregoing information and will abide by the principles and other regulations contained herein.

I further acknowledge that the above named student is a resident of the Windsor School District or has permission from school authorities to attend school under schools of choice policies.

I agree to comply with District policies, school rules, and provisions of the Athletic Handbook which may be published by my school which may include a code of conduct, lettering guidelines and other information and to abide by all eligibility requirements that may be established for participation by my coach, school rules, Board of Education Policies and the Colorado High School Activities Association (CHSAA).

Student Signature

Date

Parent/Legal Guardian Signature

Date

Note: This form must be completed in all detail and filed in the office of the principal before the student will be allowed to practice or compete in athletics.