

St. Vrain Valley School District Parent/Guardian Permission Form

Student Name _____
 (please print) Last First
 Grade _____ Sex _____ Phone # _____

ST. VRAIN VALLEY SCHOOL DISTRICT RE-1J

ACADEMIC ELIGIBILITY & RESIDENCE VERIFICATION

WARNING: YOU MUST BE ENROLLED AT YOUR SCHOOL IN CLASSES WITH ENOUGH CREDITS PER SEMESTER/TRIMESTER TOWARD GRADUATION TO BE ELIGIBLE FOR PARTICIPATION IN ATHLETICS.

_____ I have checked with the Athletic Director and Counseling Office and have enrolled in enough classes.

RESIDENCE VERIFICATION: I presently live with:

_____ Parents _____ Legal Guardian _____ Relative (state relationship)
 _____ Other (explain) _____

PARENT OR GUARDIAN PERMISSION

WARNING: Although participation in supervised interscholastic athletics and activities maybe one of the least hazardous in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC OR EVEN DEATH. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Participants can help and have the responsibility to 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 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 _____ HIGH SCHOOL, in Colorado High School Activities Association approved sports except those crossed out: baseball, basketball, cross country, football, golf, gymnastics, soccer, softball, swimming, tennis, track & field, wrestling, and volleyball.

ATHLETIC INSURANCE WAIVER

I understand that the St. Vrain Valley School District DOES NOT provide accident insurance for students participating in school sports or any other school activity.

Check one:

_____ I have accident insurance coverage.
 Company _____ Policy/Group # _____

_____ I have purchased student insurance made available through the St. Vrain Valley School District.

_____ I agree to have my information shared with the district's health insurance liaison regarding free or low cost health insurance. Benefits include:

- Full comprehensive health insurance plans available through Medicaid and Children's Health Plan *Plus* (CHP+)
- Vision and dental services offered
- Quick confidential screening and enrollment for SVVSD athletes

_____ I do not have insurance and will assume responsibility for payment of expenses incurred in the event of injury.

ACKNOWLEDGEMENT AND CONTRACT

I, _____ DESIRE TO BE A PARTICIPANT IN ATHLETIC PROGRAMS AT _____ HIGH SCHOOL.
 MY SIGNATURE ACKNOWLEDGES THE FOLLOWING:

1. I reside in the attendance area for the school listed above, or I have received permission from appropriate school authorities to attend a school not in the attendance area of my residence.
2. I hereby authorize transportation to and from scheduled events in school district vehicles or private vehicles in accordance with School District policy (EAG) **or** I will make the transportation arrangements and release the District of any liability.
3. Once properly signed, the student is subject to the St. Vrain Valley School District RE-1J Athletic Participation Code during all school years in which he or she is eligible to participate. Additionally a student is subject to these provisions through the school years at all times, not just during the season(s) of participation.
4. I am aware and acknowledge that St. Vrain Valley School Dist. has a Bullying Prevention Policy JICDE.
5. I HAVE READ AND UNDERSTAND THE *RULES OF CONDUCT* IN THE ST. VRAIN VALLEY SCHOOL DISTRICT'S *ATHLETIC PARTICIPATION CODE* AND AGREE TO COMPLY WITH THE PROVISIONS THEREIN. I UNDERSTAND THAT THESE RULES APPLY TO **ALL** THE SCHOOL YEARS OF PARTICIPATION, **IN AND OUT OF SEASON**. I UNDERSTAND THE PENALTIES FOR A FIRST OFFENSE, A SECOND OFFENSE, AND A THIRD OFFENSE.

Participant and parent/guardian have thoroughly read the statement and conditions stated above under the headings: Academic Eligibility & Residence Verification; Parent or Guardian Permission; Athletic Insurance Waiver; Acknowledgement and Contract, as well as CHSAA General Eligibility Guidelines. We understand and agree to the terms of this contract which is a legally binding document, as noted by the following signatures:

 Student Athlete Date

 Address

 Parent/Guardian Date

 Address

NOTE: Each high school is to keep on file in the school office a copy of the signed acknowledgement and contract for each participant. A signed copy **MUST** be on file prior to participation.

 School Office Signature Date