



Poudre School District
 2407 LaPorte Ave
 Fort Collins, CO 80521
 970-482-7420

2019-2020
Middle School Athletic Participation
Permission and Release

An Athletic Participation Permission and Release of Liability form must be completed and submitted to the school of athletic participation as designated below each school year and must list the sport(s) the student wishes to participate in before the student will be allowed to practice or compete in those sport(s). A current Physician Certification of Student Fitness for Athletic Participation form must also be submitted and on file at the school of athletic participation.

Student Information

 Student's Name (Last, First, M.I.) _____
 PSD Student ID#
 (Leave blank if not a current PSD student)

 Student's Date of Birth _____
 Grade for 2019-2020 Male Female

 Student's Street Address _____
 City _____
 State _____
 Zip Code

 Parent(s)/Legal Guardian(s) Name(s) _____
 Telephone

For the above referenced school year:

 School of Attendance _____
 Previous Year's School of Attendance

 School of Athletic Participation

This permission and release of liability made this _____ day of _____, 20____, is given
Day of month *Month* *Year*

by the student named above (the "Student") and the Student's parent(s)/legal guardian(s) named above ("Parent(s)") in favor of Poudre School District No. R-1 (the "District").

In consideration of permission granted by the District for the Student to participate in the sport(s) listed below (the "Sport(s)") at the School of Athletic Participation noted above (List all sports the student will participate in during the above referenced school year*):

Student and Parent(s) hereby covenant and agree as follows:

Student and Parent(s) release and hold harmless the District and its board members, employees and agents from any and all liability claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that Student and/or Parent(s) may have against the District and its board members, employee and/or agents for any and all damages that may arise out of or in connection with the Sport(s).

By its nature, participation in athletics includes certain risks and dangers particular to each sport, including the risk of injury ranging in severity from minor to catastrophic and long-term. Student and Parent(s) understanding and appreciating the risks and dangers that may exist in allowing Student to participate in the Sport(s), assume the risk of any and all damages, including personal injury, which Student may incur as a result of participating in the Sport(s).

* List of District-sponsored sports + Special Olympics of Colorado

- | | | | | |
|---------------|----------|---------------|------------|------------------|
| Basketball | Football | Tennis | Softball | Wrestling |
| Cross Country | Golf | Track & Field | Volleyball | +SOCO Basketball |

Student and Parent(s) acknowledge and represent that they have read the *Poudre School District Athletic Handbook* available at <https://www.psdschools.org/webfm/9236/view> and in hard-copy form, and acknowledge that they are subject to its terms and conditions. Specifically, Student and Parent(s) acknowledge and represent that they have read and understand, specifically Article XIV – Training and Personal Conduct Rules. Student and Parent(s) also acknowledge and represent that they have read and understand Board Policy JLCD, Administering Medicines to Students/Asthma, Food Allergy and Anaphylaxis Health Management, which is included in the Poudre School District Student Rights & Code of Conduct and is also available at <https://www.psdschools.org/sites/psd.psdschools.org/files/PSD/policies//JLCD.pdf>. Student and Parent(s) understand and acknowledge that the District’s consequences for controlled substances, alcohol, and tobacco violations are separate and in addition to any consequences imposed by state or local law enforcement.

The District provides transportation for students to and from many practices and competitions. However, the District is unable to provide transportation in all circumstances and to all events. The nature of some sports requires practices and competitions to be held off-campus, limiting the District’s ability to provide transportation on every occasion. Student and Parent(s) hereby acknowledge and understand that the District does not assume any responsibility for the Student’s transportation when District transportation is not used and the Student and/or Parent(s) are solely responsible for making appropriate arrangements to and/or from the athletic practice or competition.

Student and Parent(s) understand that the District is protected from liability under the Colorado Governmental Immunity Act for injuries and damages that may arise out of or in connection with participation in the Sport(s), and understand that any injuries and damages that may arise out of or in connection with participation in the Sport(s) may not be covered by District insurance. For these reasons, it is recommended that Student or Parent(s) obtain appropriate insurance from qualified sources to cover medical expenses and other costs that could result from injury to the Student, and damage to or destruction of property belonging to the Student or Parent(s), which may arise out of or in connection with the Student’s participation in the Sport(s). The District makes voluntary student accident insurance available through an outside provider. Student or Parent(s) may obtain more information from the Student’s school or at <https://www.psdschools.org/risk-management/student-insurance>.

Parent(s) hereby acknowledge and represent (one of the following must be marked):

- I have purchased the voluntary student accident insurance made available through the District.
- I have not purchased the voluntary student accident insurance made available through the District and understand I am responsible for payment of expenses incurred in the event of injury to my son/daughter.

I/We, the undersigned Student and Parent(s) have read this *Middle School Athletic Participation Permission and Release* and understand all of the terms thereof, the nature of the Sport(s) to which they apply, and the risks and dangers that may exist in allowing the Student to participate in the Sport(s). We execute this document voluntarily and with full knowledge of the rights we are giving up and the obligations we are assuming, effective as of the date first above written.

Parent/Legal Guardian Signature	Date	Student Signature	Date
Parent/Legal Guardian Signature	Date		

Nondiscrimination Statement

Poudre School District does not unlawfully discriminate on the basis of race, color, religion, national origin, ancestry, sex, sexual orientation, marital status, or disability in access or admission to, or treatment with respect to participation in District athletics.



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2019-2020

Student Athlete Medical Information

Student Information

Student's Name (Last, First, M.I.) _____

PSD Student ID# _____
(Leave blank if not a current PSD student)

Student's Date of Birth _____

Age _____

Male

Female

Parent(s)/Legal Guardian(s): _____

Telephone Number(s): _____

Other Emergency Contact(s): _____

Telephone Number(s): _____

Sport(s):

Please list any health and/or medical conditions, including any allergies:

Please list any disabilities and required accommodations and/or restrictions:

Please list all medications the student athlete takes:

Date of Student Athlete's last tetanus booster shot (month/year): _____

Parents are specifically reminded that all medications require a completed PSD authorization form which must be on file in the school office.

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Signature Date



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2019-2020 Middle School Physician Certification of Student Fitness for Athletic Participation

This form, as well as an Athletic Participation Permission and Release form, must be completed and submitted to the school of athletic participation as designated below before the student will be allowed to practice or compete in school sport(s).

Student Information – To be completed by student or parent/guardian

Student's Name (Last, First, M.I.) _____ Student ID# _____

Student's Date of Birth _____ Male Female

Student's Street Address _____ City _____ State _____ Zip Code _____

School of Athletic Participation _____

Parent(s)/Guardian(s) Name(s) _____ Telephone _____

Physician's Certification

I certify that I have examined the above-named student and find the student physically fit to fully participate in the school sport(s) listed below, except those crossed out, without restriction:

Basketball	Football	Tennis	Softball	Wrestling
Cross Country	Golf	Track & Field	Volleyball	+SOCO Basketball

Additional Comments:

Date of Examination _____ (Valid for 365 days unless rescinded)

Physician Name (Printed) _____ Phone Number _____

Physician Signature _____ Date _____