

DOUGLAS COUNTY SCHOOL DISTRICT RE-1
INTERSCHOLASTIC PARTICIPANT FORM

SCHOOL: _____ GRADE: _____
NAME: _____ BIRTH DATE: _____ AGE: _____ SEX: _____
ADDRESS: _____ CITY/ZIP: _____
PARENT/GUARDIAN'S NAME: _____ HOME PHONE: _____
FATHER'S DAYTIME PHONE: _____ MOTHER'S DAYTIME PHONE: _____
IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:
NAME: _____ PHONE: _____
FAMILY PHYSICIAN: _____ PHONE: _____
PARENT'S PREFERRED HOSPITAL: _____ PHONE: _____
FAMILY DENTIST: _____ PHONE: _____
INSURANCE CARRIER: _____ POLICY: _____

PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined _____ and that the student was found physically fit to engage in school baseball, basketball, cheerleading, cross country football, golf, gymnastics, lacrosse, pom squad, soccer, softball, swimming, tennis, track and field, wrestling, volleyball,

(Please cross out any sport in which the student should not participate).

Student's Birthday: _____

Date of physical: _____
(Valid for 365 days unless rescinded)

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

PLEASE PRINT

PHYSICIAN'S NAME: _____
ADDRESS: AFC Urgent Care Castle Rock
5700 New Abbey Lane Suite D300, Castle Rock, CO 80108
PHONE NUMBER: 303-660-9700

STATEMENT OF UNDERSTANDING

Registration Fee

The Board of Education has set the registration fee for HIGH SCHOOL athletics at \$150.00 per sport per athlete. The fee for SEVENTH & EIGHTH grade athletics will be \$70.00 per sport, with the exception of 8th Grade Football, which will have a fee of \$100.00 per athlete.

Condition for Fee Refund

- 1. Refunds will be made to athletes who are cut by their coach.
- 2. If an athlete moves from the school's attendance area or from the District, the fee will be refunded on a prorated basis.
- 3. Athletes who quit the sport, become academically ineligible or are suspended from participation for disciplinary reasons are not eligible for a refund.

General

The interscholastic programs within the Douglas County School District Re.1 are offered to supplement the goals and objectives of public high school education.

In order to make contribution to the function and purpose of the total educational process, interscholastic activities must have as primary objectives the teaching of wholesome attitudes and disciplines. The programs must teach an appreciation for physical fitness, personal health, loyalty, personal sacrifice, dedication and teamwork.

In order to realize the potential of interscholastic programs, there are physical and mental disciplines which must be practiced.

Academics

Eligibility for competition in interscholastic activities is determined in accordance with the rules and regulations of the Colorado High School Activities Association, The Continental League and the Douglas County School District Re. 1.

X _____
Signature of Parent or Guardian

Date

Name: _____ Sports: _____ Date: _____

Age: _____ Date of Birth: ___/___/___ Home Phone: _____ School: _____

Parent or Student completes this section:

(Explain "Yes" Answers Below)

1. Have you ever been hospitalized?	Yes__ No__
2. Have you ever had surgery?	Yes__ No__
3. Are you currently taking any medications, pills, or supplements?	Yes__ No__
4. Have you ever passed out during or after exercise?	Yes__ No__
5. Have you ever been dizzy during or after exercise?	Yes__ No__
6. Have you ever had chest pain during or after exercise?	Yes__ No__
7. Do you tire more quickly than your friends during exercise?	Yes__ No__
8. Have you ever had high blood pressure?	Yes__ No__
9. Have you ever been told that you have a heart murmur?	Yes__ No__
10. Have you ever had racing of your heart or skipped heartbeats?	Yes__ No__
11. Have anyone in your family died of heart problems or a sudden death before age 50?	Yes__ No__
12. Have you ever had a head injury	Yes__ No__
13. Have you ever been knocked out or unconscious?	Yes__ No__
14. Have you ever had a seizure?	Yes__ No__
15. Have you ever had a stinger, burner, or pinched nerve?	Yes__ No__
16. Have you ever had heat or muscle cramps?	Yes__ No__
17. Have you ever been dizzy or passed out in the heat?	Yes__ No__
18. Do you have trouble breathing or do you cough during or after activity?	Yes__ No__
19. Do you have asthma?	Yes__ No__
20. Do you have any special equipment (pads, braces, guards, etc)?	Yes__ No__
21. Have you ever sprained/ strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints?	Yes__ No__
22. If "yes" (question 21) at what location? (circle all that apply)	
Head Shoulder Thigh Neck Elbow Chest Foot	
Forearm Shin/Calf Back Wrist Ankle Hand	
23. Have you had any other medical problems?	Yes__ No__
24. Have you had a medical problem or injury since your last evaluation?	Yes__ No__
25. Have you ever smoked tobacco, used alcohol, or used any drugs?	Yes__ No__
26. For Women only: When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____	

Explanation of "Yes" answers: _____

Notice to Patients/ Parents

Because Doctors Express has limited access to your complete medical history, the sports physical performed today should not be considered comprehensive. You should consult with your primary care physician and share the results of our examination with them. If there are any concerns regarding the results of your examination today, you should consult with your primary care physician before engaging in any strenuous activities.

I hereby state that the above answers, to the best of my knowledge, are complete and correct.

Athlete Signature: _____

Date: ___/___/___

Parent/Gaurdian Signature: _____

Date: ___/___/___

For Office Use Only:

Height : _____ Weight _____ B/P: _____ / _____ Resting Pulse _____

Vision: R 20/ _____ L 20/ _____ Corrected? Y ___ N ___ Hearing: Whisper Test Pass/Fail

Area	Normal	Abnormal	Area	Normal	Abnormal
HEENT			Neck		
Heart			Lungs		
Abdomen			Groin/ Hernia		
Extremities			Spine		
Neuro					

Clearance: A. Cleared for all Sports
B. Cleared only after Evaluation/ Rehabilitation for _____
C. Not cleared for:
___ Collision ___ Contact ___ Noncontact ___ Strenuous ___ Moderately Strenuous

Due to: _____

Comments: _____

Signature of Practitioner: _____ Date of Exam: ___/___/___

Sports Physical Disclaimer

Notice to Patients/Parents:

Because we have limited access to your complete medical history, the sports physical performed today should not be considered comprehensive. You should always consult with your primary care physician and share the results of our examination with them. If there are any concerns regarding the results of your examination today, you should consult with your primary care physician before engaging in any strenuous activities.

Athlete's Signature

Date

Parent or Guardian's Signature

Date