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**Colorado High School Activities Association**

**STUDENT ELIGIBILITY PARTICIPATION PACKET**

I hereby give my consent for \_\_\_\_\_

to compete in athletics for \_\_\_\_\_ High School in Colorado High School Activities Association approved sports, except as noted on the Physical Examination and Parent Permit Form, and I have read and understand the general guidelines for eligibility as outlined in the CHSAA Competitor's Brochure (as found on the CHSAANow.com website).

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA Competitor's Brochure.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

No student shall represent their school in interschool athletics until there is a statement on file with the superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that he/she has passed an adequate physical examination within the past year, noting that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, (DC, Spc.) is physically fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian to participate; and, the parent and participant have read, understand and agree to the CHSAA guidelines for eligibility.



## PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date \_\_\_\_\_ Exp. Date (good for 365 days) \_\_\_\_\_

### PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be 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 INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

**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 understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.** By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for \_\_\_\_\_ to compete in athletics for High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the Competitor's Brochure.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to the General Eligibility Guidelines as outlined in the Competitor's Brochure.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

**NOTE:** It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

**NOTE:** The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

**PHYSICIAN SIGNATURE REQUIRED ON BACK**

**PART II -- MEDICAL HISTORY**  
 This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

NO	YES	NO	YES	NO	YES
<input type="checkbox"/>	<input type="checkbox"/>	1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	32. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	33. Have you ever had herpes skin infection?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you currently taking any prescription or non-prescription (over the counter) medicines or pills?	<input type="checkbox"/>	34. Have you ever had a head injury or concussion?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you have allergies to medicines, poisons, foods or stinging insects?	<input type="checkbox"/>	35. Date of last head injury or concussion:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have prescriptions for use of epinephrine, inhaler, inhaler, or other	<input type="checkbox"/>	36. Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	37. Have you ever been knocked unconscious?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	38. Have you ever had a seizure?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	39. Do you have headaches with exercise?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?	<input type="checkbox"/>	40. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	41. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	11. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection	<input type="checkbox"/>	42. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12. Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	43. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	13. Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	44. Have you had any other blood disorders or anemia?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14. Does anyone in your family have a heart problem?	<input type="checkbox"/>	45. Have you had any problems with your eyes or vision?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15. Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	46. Do you wear glasses or contact lenses?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	47. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	17. Have you ever spent the night in a hospital?	<input type="checkbox"/>	48. Are you happy with your weight?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever had surgery?	<input type="checkbox"/>	49. Are you trying to gain or lose weight?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	19. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game?	<input type="checkbox"/>	50. Do you limit or carefully control what you eat?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	20. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	51. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	21. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, cast, traction, physical therapy, a brace, a cast, or other treatment?	<input type="checkbox"/>	52. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	22. Have you ever had a stress fracture?	<input type="checkbox"/>	53. What is the date of your last Tetanus immunization? Date: _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	23. Have you ever had an x-ray of your neck for breathing difficulty? OR Have you ever been told that you have had a disorder or any respiratory problem?	<input type="checkbox"/>	54. Have you ever had a menstrual period?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	24. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	55. Age when you had your first menstrual period? _____ months?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	25. Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	56. How many periods have you had in the last 12 months?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	57. Do you take a calcium supplement?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	27. Is there anyone in your family who has asthma?	<input type="checkbox"/>	Explain "Yes" answers here:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	28. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>		<input type="checkbox"/>

**PART III -- PHYSICAL EXAMINATION**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
 HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 \* Tanner Stage or Maturation Index? (males only): \_\_\_\_\_ BP: \_\_\_\_\_  
 \* Percent Body Fat: \_\_\_\_\_ \* (Exercise) \_\_\_\_\_  
 \* Auditogram \_\_\_\_\_ \* (Recovery) \_\_\_\_\_  
 \* Vision: Corrected: (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \* FEV or Peak Flow (rest) \_\_\_\_\_  
 Uncorrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \* (Exercise) \_\_\_\_\_  
 \* (Recovery) \_\_\_\_\_

	N	Abnormal	N	Abnormal
Eyes			Cervical Spine/neck	
Ears			Back	
Nose			Shoulders	
Throat			Arm/elbow/wrist/hand	
Teeth			Knees/hips	
Skin			Ankle/feet	
Lymphatic			Marfan Screen	
Lungs			*Urine	
Heart			*Hemoglobin or HCT and/or Iron stores	
Peripheral pulses			^Echocardiogram	
Abdomen			^Neurologic Testing	
Genitalia/penis (male only)			^Pelvic Examination	

**\*WHEN MEDICALLY INDICATED**  
 (Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)  
**\*WITH SPECIAL INDICATIONS**  
 (These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

**I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.**  
 **CLEARED AFTER** further evaluation or treatment for:  
 Cleared for Limited participation (check and explain "reason" for all that apply):  
 Not cleared for (specific sports):  
 Reason(s):  
 **NOT CLEARED FOR PARTICIPATION:**  
 Reason(s):  
 Other Recommendations:  
 Recommend monitoring during early conditioning because of weight/fitness/other  
 Recommend restrictions or monitoring of weight loss or gain  
 Other: Reason(s):

MID/DO, PA, NP, DE-SPC#, Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 Date of Examination: \_\_\_\_\_  
 NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_  
 Athlete's Signature: \_\_\_\_\_

**STUDENT ATHLETES: RETURN THIS PAGE WITH YOUR CURRENT  
PHYSICAL FORM, CHSAA FORM AND PROOF OF INSURANCE**

**DEER TRAIL SCHOOL DISTRICT 26J  
CONTRACT FOR 2021-2022 ATHLETIC COMPETITION**

**INSURANCE**

In order for your child to participate in interscholastic sports competition, Deer Trail School District 26J requires all athletes have insurance coverage, either purchased from companies available through the school or by family coverage. Students purchasing insurance through the school program will need to submit the application and payment directly to the insurance company at least two (2) weeks prior to the start of practice for that season. Verification of insurance coverage from the company will be required before a student may start practice. The insurance offered through the school is not in any way controlled by the District. Your insurance with them is between you and that insurance company. It is recommended that application for insurance for fall sports be submitted at least by August 1. If at any time during the school year, an athlete's insurance information is changed, Deer Trail School District must be notified immediately so the student athlete does not lose his/her eligibility to practice or compete in athletic events. If at any time, an athlete is not covered by insurance, they will not be eligible to compete in interscholastic practices or contests.

Please indicate your personal insurance carrier in the space below and sign indicating that your child is covered by said insurance. A photocopy of PROOF OF INSURANCE is required before the athlete will be allowed to participate in the athletic program. PLEASE ATTACH A COPY OF PROOF OF INSURANCE TO THIS FORM. IF YOUR INSURANCE COVERAGE IS CHANGED, NOTIFY THE SCHOOL IMMEDIATELY, OR ELIGIBILITY TO PARTICIPATE MAY BE FORFEITED.

ATHLETES NAME \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

I have read and understand the Athletic Participation Packet. I have read and acknowledge that I will abide by and represent the Deer Trail School District athletic program by participating in the following sports:

Golf, Cheerleading, Dance, Volleyball, Football, Basketball,  
Wrestling, Baseball, Track, and Soccer

I have read and understand the CHSAA (Colorado High School Activities Association) form; I have read and understand the liability of athletic competition; I have read and understand the rules of the Athletic Participation Packet from the Deer Trail School District 26J and accept the Athletic Participation Packet.

Student Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

If at any time during the school year, an athlete's insurance information is changed, Deer Trail School District must be notified immediately so the student athlete does not lose his/her eligibility to practice or compete in athletic events. If at any time, an athlete is not covered by insurance, they will not be eligible to compete in interscholastic practices or contests. If an injury does occur, and an athlete is uninsured, the parent/guardian will be responsible for any medical costs due to the injury.





# CHSAA BYLAWS – PARENT & STUDENT INFORMATION

Welcome to the 2020-2021 school year!

Participation in educational athletics and activities is a privilege that is earned in the classroom as well as on the playing field, court and stage. The CHSAA encourages all students to engage and explore in sports and activities of their choosing to enhance and enrich their high school experience. Parents are also encouraged to contribute to this experience through their positive support and encouragement. Please remember that with that participation comes the accountability of earning the privilege to take part.

**\*Per Bylaw 1800.54, CHSAA requires that all information provided regarding any aspect of the eligibility of a student must be true, correct, accurate, complete and/or not false; penalty for providing false information is ineligibility and/or contest forfeitures.**

A student's participation in high school activities is dependent on his/her eligibility. Protect that eligibility. Read the following summary of Colorado High School Activities Association rules that govern a student's participation. Students and parents alike need to review these rules and ask questions of their coaches/directors, athletic director and school administrators.

**\*\*Per Bylaw 1710.1, Please review the following information and acknowledge your understanding of the CHSAA Bylaws by signing at the end and submitting to your School's Athletic Director. *Click the blue underlined links to be directed to the CHSAA Bylaws.***

## The CHSAA

The Colorado High School Activities Association has been the governing body of high school athletics and activities (speech, student council and music) in the state since 1921. CHSAA's Code of Ethics is integral to its Mission and Vision. The student's school is a voluntary member of the CHSAA and has agreed to follow its rules. Both your school and the Association believe in equal competition among schools and the close relationship between academics and activities.

### Discrimination (300)

A student-participant will not participate in or condone unfair discriminatory practices against a fellow participant due to age, gender, race, ethnicity, religion, sexual orientation, or disability, nor shall the student be discriminated against under the same criteria.

## The CHSAA Rules of Participation

### Academic (1710)

A school must select one of three options for determining the eligibility of all its students, and schools have the right to impose stricter academic and behavioral standards.

#### Make-up Work (1740)

Each student must be academically eligible in accordance with the above section at the time of participation and during the previous semester. Make-up work shall not be permitted after the close of the semester for the purpose of becoming eligible. (Cases involving special circumstances should be referred to your principal). If eligibility has been lost from a previous semester, students may regain their athletic eligibility per the "Fall Regain Dates" Table in the Bylaws, and on the Monday of Week 36 for the second semester.

Summer school credits accepted by the school may be used to replace credits in subjects failed during previous semesters as long as the course is completed by the Monday of Week 9. Dropping a class may make you ineligible. If you play while ineligible, you may cause your team to forfeit any contests in which you played.

#### 1. Citizenship (1710)

The school principal must approve the student to be representative of the school's standards of citizenship, conduct and sportsmanship.

#### 2. Conduct – Ejections (2200)

If a student is ejected from a contest for unsportsmanlike conduct, he/she will be ineligible for the next scheduled match or contest played at that level including qualifying and state contests. The student may not participate in any contests at any other level during this period. For the season, the student will be permitted to compete in one fewer contest than the maximum allowed each participant in the sport.

A second ejection during the season shall result in a 2 contest suspension. A third ejection will result in a review of the student's future eligibility by the CHSAA Commissioner.

If a student is ejected in the final contest of a season, he/she is ineligible for the first contest of the next sport in which he/she competes and completes the season. Players leaving the bench during a fight shall be ejected and ineligible for the next contest.

#### 3. Outside Competition (2100.2)

As a member of any high school team, a student may practice or compete in that sport during that sport season in a non-school event with prior written permission of the principal.

Members of high school teams may compete in non-school events in that sport without written permission on the day following the completion of the season for the level (freshman, sophomore, junior varsity, varsity) of the team on which they are



# CHSAA BYLAWS – PARENT & STUDENT INFORMATION

competing. NOTE: A student becomes subject to the outside competition rule on or after the first date of formal practice, when he or she reports out for practice and is in contention for a berth on the team.

#### 4. Undergraduate (1710)

A student may not be a graduate of any high school and participate in high school athletics.

#### 5. Recruiting (1900)

Any recruiting based on athletic ability or interest is prohibited.

#### 6. Age (1770.1)

A student's 19th birthday must fall on or after August 1 of the current school year. Exceptions to this rule, based on educational handicaps, may be requested, provided the student's original class has not graduated.

#### 7. Semesters (1770.3)

Upon entering high school, a student's eligibility will continue only until his/her original class graduates. Once entering ninth grade, a student has eight consecutive semesters of eligibility. NOTE: If a student drops out of school or misses competition due to an injury, he/she will not receive additional eligibility.

#### 8. Seasons (1770.71)

A student is allowed a maximum of 4 seasons in any sport.

#### 9. Physical Exam (1780)

A student may not practice or compete (music, student council and speech participants are exempt) without a physical exam that is:

- Signed by an MD, DO, chiropractor who is school physical certified (DC, SPC), nurse practitioner or physician's assistant licensed by the State of Colorado.
- Current within the last 12 months.
- On file with principal or athletic director prior to first practice.

#### 10. Practice (2310)

**NEW:** A total of 3 different days of practice is required before participating in any interscholastic game or scrimmage (except football which needs 9 days). OTHER EXCEPTIONS: (A) Golf, skiing, softball and tennis players. (B) Participants in state playoff games completed on or after the first day of formal practice.

**\*\*No contact between a coach and player is allowed on Sundays during the school year unless it is for a social, academic or service related activity that is strictly voluntary. A student cannot be required to practice or compete outside of the season as a condition of making the team.**

#### 11. Transfer Rule (1800)

**The CHSAA supports school choice in academic pursuits and encourages its student participants to enhance their**

**academic achievement. In concert with this approach, the Association's philosophy addresses the establishment of a fair playing field for all student athletes. A student entering high school for the first time shall be eligible for all interscholastic athletic competition.**

#### - Varsity Eligibility 1800.1

A student who establishes his/her eligibility at a member school and subsequently transfers, will be ineligible for varsity competition for 365 days from the date of their transfer, in the sports they participated in during the last 365 days.

#### - Athletic Transfer (1800.4)

Any transfer substantially motivated by athletic considerations will cause the student to be ineligible for varsity competition for 365 days from the date of the transfer in any sports(s) they participated in during the last 365 days. This includes transferring with a club coach or previous coach (Transfer with Club Coach or Previous Coach (1800.4)).

#### - Return to Original School (1800.43)

A student who participates in a sport (practice, scrimmage, contest, foundation games) at School A and subsequently transfer to School B and participates in any sport at School B, will be sub-varsity eligible only upon their return to School A in any sports they have participated in during the last 365 days at either School A or School B. NOTE: Participation is defined as an interscholastic practice, contest, scrimmage, or foundation game.

#### General Transfer Information (1800)

It is the parent's and student's responsibility to know the CHSAA Transfer Rule and how it affects the student's eligibility. The CHSAA Commissioner *may* grant exceptions to this rule in unusual cases. Only schools may submit a waiver. If a waiver of the transfer rule is requested, **the student is not eligible until the waiver is approved by the CHSAA Commissioner.**

Any waiver submitted that contains legal guardian references must have the appropriate court signed legal documentation of that guardianship before the waiver will be considered. Parents should review all situations with the school administration.

#### 12. Awards (2010)

Individuals participating in any interscholastic athletic/activity sponsored and/or approved by the Association shall not accept cash or merchandise awards. Awards must be



# CHSAA BYLAWS – PARENT & STUDENT INFORMATION

symbolic in nature with no functional or intrinsic value with a cost of no more than \$100.00.

### 13. Amateur (2000)

If a student participates in a CHSAA approved sport, in other than CHSAA competition, his/her amateur status is determined by the rules of the amateur governing body of that sport. Amateur status of Colorado high school athletes applies only to sports sanctioned by the CHSAA.

### 14. Bullying & Hazing (1710.2)

The Colorado High School Activities Association, in conjunction with its member school, prohibits bullying, hazing, intimidation or threats. Hazing includes humiliation tactics, forced social isolation, verbal or emotional abuse,

forced or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in any CHSAA sanctioned activity. I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.

*After reviewing the above information, if you still have questions, please contact your school's athletic director. This list is by no means inclusive; however, it is intended to outline the most common questions and bylaws. For more information, please visit our website CHSAANow.com.*

## Checklist for Student Eligibility

*If a student cannot check any of the items, he/she needs to contact the athletic director or principal.*

- |   |   |
|---|---|
| <input type="checkbox"/> At least 5 full credit classes.  | <input type="checkbox"/> Has not been in high school longer than 8 consecutive semesters.   |
| <input type="checkbox"/> Will abide by the rules as outlined and/or defined by school's academic plan.                    | <input type="checkbox"/> Will not play more than 4 seasons in any sport.  |
| <input type="checkbox"/> Physical exam within the last calendar year.   | <input type="checkbox"/> Will not compete or practice in any non-school events in my sport once reporting out for the team, without the permission of my principal. |
| <input type="checkbox"/> Parent permit form on file at the school.  | <input type="checkbox"/> Has complied with all other school, district, and local eligibility requirements.  |
| <input type="checkbox"/> Have not changed schools during the current school year without a corresponding move by parents. |   |
| <input type="checkbox"/> Will not or have not turned 19 before August 1.  |   |

**I have read and understand the CHSAA Eligibility Rules as documented here as well as specifically read in the CHSAA Bylaws. I understand and acknowledge the inherent risks of participating in Athletics & Activities, INCLUDING THE RISK OF CORONAVIRUS DISEASE 2019 (COVID-19), and by signing this acknowledgement, I affirm my responsibility to prevent and report hazing, to report positive COVID-19 cases, and to ONLY PARTICIPATE WHEN HEALTHY. I also understand that any violation of this could result in school or team consequences that could include dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.**

**The CHSAA retains athletic trainers for all Championship events. By signing below, you agree to allow CHSAA's on-site athletic trainer to administer medical attention as needed and to communicate follow-up care to your student-athlete, school coaches, school athletic trainers and/or parents.**

Signed: \_\_\_\_\_ (Parent)                      \_\_\_\_\_ (Participant)

   \_\_\_\_\_ (School)                      \_\_\_\_\_ (Date)