

Mountain Vista High School Athletic Department Memorandum

Athletic participation is a privilege, not a right. Those who are interested in participation must initiate the process as outlined below. **The student athlete is the participant and responsible for gathering, completing and submitting registration information on time to the Athletic Department.** The Athletic Department will then verify academic eligibility.

*Every athlete is required to be enrolled and have a passing grade in at least “5” classes, totaling 2.5 Carnegie units. Please contact Pat McCabe, Athletic Director or Vicki Brown, Athletic Secretary if you have additional questions.

All students grades 9-12 participating in athletics at Mountain Vista High School during the 2010 – 2011 school year, must register prior to participation.

Mountain Vista Registration Procedure — **Avoid errors and problems, please read these instructions before printing any of the forms.**

*You must receive Athletic Department clearance before the 1st practice. *Note Registration deadline dates on 2010 – 2011 Sport Seasons info sheet that follows.*

- Must have **all** parts completely filled out, printed and properly signed.
- Incomplete packets will **not** be accepted.
- All 5 items must be submitted to the Athletic Dept. by the posted registration deadline date. **Each day late = 1 day of missed practice or tryouts.**

1. Interscholastic Participant Form/Physical/Training Rules & Expectations

- Physician Permit for Athletic Participation
- Physician Permit will be effective **one (1) calendar year** from the date of the exam.
- The Physicians Permit will remain on file in the Athletic Office.
- DCSD required form

2. Athletic Registration/Emergency Information Card – 3 Part **(fill out online before printing and the three sections will automatically fill in)** We must have 3 copies of this form for each sport.

- A new registration form needs to be completed for each sport.
- Team managers must have complete, signed participant form to ride school provided transportation.

3. Transportation Awareness Consent and Release

4. DCSD Medical Information

- A new form must be completed for each sport.

5. \$150.00 Athletic Fee payment- online, cash, certified check, money order or credit card **NO PERSONAL CHECKS**

- This is a Board of Education approved fee.
- Camps or any other fees are separate and handled through the coach.
- Refunds are made to cut athletes and others who quit the sport within the first two weeks and notify the Athletic Office by the Decision Date.

Athletic Department will verify:

- Student Enrollment
- MVHS Eligibility Status and CHSAA rules compliance
- Compliance with registration procedure and deadlines
- Copies of forms and roster of participation to Head Coach

MVHS 2010 - 2011 Sport Seasons

SPORT	HEAD COACH	LEVELS* subject to change	REGISTRATION DEADLINE	PRACTICE / TRYOUTS BEGIN	FINAL CUTS MADE	PARTICIPANT DECISION DATE
-------	------------	------------------------------	--------------------------	-----------------------------	-----------------	------------------------------

Early Fall:

GOLF-B	Tim Taylor tim.taylor@dcsdk12.org	JV - V	August 4, 2010	August 9, 2010	August 10, 2010	August 23, 2010
--------	--------------------------------------	--------	----------------	----------------	-----------------	-----------------

Fall

CROSS COUNTRY	Eric Selle eric.selle@dcsdk12.org	JV-V	August 6, 2010	August 16, 2010	N/A	August 30, 2010
FOOTBALL	Ric Cash ric.cash@dcsdk12.org	9 - JV - V	August 6, 2010	August 16, 2010	N/A	August 30, 2010
SOCCER-B	Theresa Echtermeyer theresaechtermeyer@comcast.net	9/10 - JV - V	August 6, 2010	August 16, 2010	August 19,20, 2010	August 30, 2010
SOFTBALL	Bret Grammerstorf bret.grammerstorf@dcsdk12.org	3rd - JV - V	August 6, 2010	August 16, 2010	August 19,20, 2010	August 30, 2010
TENNIS-B	Jim Flanigan james.flanigan@dcsdk12.org	JV - V	August 6, 2010	August 16, 2010	August 19,20, 2010	August 30, 2010
FIELD HOCKEY	Brian Nutter nutt4561@bears.unco.edu	JV - V - 3rd	August 6, 2010	August 16, 2010	N/A	August 30, 2010
VOLLEYBALL	Lindsey Jaffe (Miller) lindsey.jaffe@dcsdk12.org	9A - 10 - JV - V	August 6, 2010	August 16, 2010	August 19,20, 2010	August 30, 2010
GYMNASTICS	Emily Darte emilydarte@yahoo.com	CO-OP @ RCHS JV - V	August 6, 2010	August 16, 2010	N/A	August 30, 2010
CHEER	Steph Cooper mountainvistacheer@gmail.com	JV - V	August 6, 2010	N/A	N/A	N/A
POMS	Keri Trimble keri.trimble@dcsdk12.org	JV - V	August 6, 2010	N/A	N/A	N/A

Winter

Pre-Season Meetings October 2010

BASKETBALL-B	Bob Wood robert.wood@dcsdk12.org	9 - 10 - JV - V	November 5, 2010	November 12, 2010	November 15,16 2010	November 29, 2010
BASKETBALL-G	Marty Fletcher mfletcher@themwc.com	9 - 10 - JV - V	November 5, 2010	November 12, 2009	November 15,16 2010	November 29, 2010
SWIM/DIVE-G	Heather Hebert heather_hebert42@yahoo.com	JV - V	November 5, 2010	November 12, 2009	N/A	November 29, 2010
WRESTLING	Frank Lavoie frank.lavoie@dcsdk12.org	JV - V	November 5, 2010	November 12, 2009	N/A	November 29, 2010

Spring

Pre-Season Meetings January 2010

Spring Dates are subject to Weather Changes	BASEBALL	Ron Quintana ronnieq5@yahoo.com	9 - 10 - JV - V	February 11, 2011	February 28, 2011	Merch 3,4, 2011	March 8, 2011
	GOLF-G	Tim Taylor tim.taylor@dcsdk12.org	JV - V	February 11, 2011	February 28, 2011	March 1, 2010	March 8, 2011
	SOCCER-G	Theresa Echtermeyer theresaechtermeyer@comcast.net	9/10 - JV - V	February 11, 2011	February 28, 2011	March 3,4,2010	March 8, 2011
	TENNIS-G	Susan Cash cashcrew7@msn.com	Eagle - JV - V	February 11, 2011	February 28, 2011	N/A	March 8, 2011
	SWIMMING - B	Will Iaia wiaia4@gmail.com	CO-OP @ HRHS JV - V	February 11, 2011	February 28, 2011	N/A	March 8, 2011
	LACROSSE-B	Jose Trujillo jose@redwoodfinancial.net	3rd - JV - V	February 11, 2011	February 28, 2011	March 3,4,2010	March 8, 2011
	LACROSSE-G	Alanna Gilbertson alannatar@hotmail.com	CO-OP with TRHS 3rd - JV - V	February 11, 2011	February 28, 2011	N/A	March 8, 2011
	TRACK & FIELD	Zeric Martinez zeric.martinez@dcsdk12.org	9/10 - JV - V	February 11, 2011	February 28, 2011	N/A	March 8, 2011

If a student registers late he/she is still subject to the above dates.

PARTICIPANT DECISION DATE:

Student athlete has until posted **decision date** to make a commitment to team to continue participation in the sport for the remainder of the season. The athlete must notify the Athletic Office of the intent to quit the sport by this date. Should an athlete choose to leave the team AFTER this date or quits without notifying the Athletic Office, the Athletic Fee is non-refundable.

DOUGLAS COUNTY SCHOOL DISTRICT RE-1
ATHLETIC REGISTRATION/EMERGENCY INFORMATION CARD

School Name: Mountain Vista High School 1

Office use

CLEARED FOR PRACTICE
CLEARED FOR SCRIMMAGE OR COMPETITION
NOT CLEARED FOR SCRIMMAGE OR COMPETITION
PHYSICAL EXPIRATION DATE: / /

SPORT	Fall:	_____
	Winter:	_____
	Spring:	_____
	Paid:	_____

NAME: _____ BIRTHDAY: _____ AGE: _____ SEX: _____ GRADE: _____
ADDRESS: _____ CITY: _____ ZIP CODE: _____
PARENT/GUARDIAN'S NAMES: _____ HOME PHONE: _____
FATHER'S PHONE DURING DAY: _____ MOTHER'S PHONE DURING DAY: _____
EMAIL ADDRESS: _____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

NAME: _____ PHONE: _____
FAMILY PHYSICIAN: _____ PHONE: _____
HOSPITAL (Please indicate): _____ PHONE: _____
FAMILY DENTIST: _____ PHONE: _____

SCHOOL(S) ATTENDED LAST 12 MONTHS: _____
YEAR YOU ENTERED 9TH GRADE? _____ MONTH/YEAR YOU ENTERED HS? _____
HAVE YOU PREVIOUSLY ATTENDED THIS SCHOOL . . . WITHDRAWN AND LATER RETURNED? _____ No Yes

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Signed (Parent or Guardian) _____ Date _____

DOUGLAS COUNTY SCHOOL DISTRICT RE-1
ATHLETIC REGISTRATION/EMERGENCY INFORMATION CARD

School Name: Mountain Vista High School 2

Office use

CLEARED FOR PRACTICE
CLEARED FOR SCRIMMAGE OR COMPETITION
NOT CLEARED FOR SCRIMMAGE OR COMPETITION
PHYSICAL EXPIRATION DATE: / /

SPORT	Fall:	_____
	Winter:	_____
	Spring:	_____
	Paid:	_____

NAME: _____ BIRTHDAY: _____ AGE: _____ SEX: _____ GRADE: _____
ADDRESS: _____ CITY: _____ ZIP CODE: _____
PARENT/GUARDIAN'S NAMES: _____ HOME PHONE: _____
FATHER'S PHONE DURING DAY: _____ MOTHER'S PHONE DURING DAY: _____
EMAIL ADDRESS: _____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

NAME: _____ PHONE: _____
FAMILY PHYSICIAN: _____ PHONE: _____
HOSPITAL (Please indicate): _____ PHONE: _____
FAMILY DENTIST: _____ PHONE: _____

SCHOOL(S) ATTENDED LAST 12 MONTHS: _____
YEAR YOU ENTERED 9TH GRADE? _____ MONTH/YEAR YOU ENTERED HS? _____
HAVE YOU PREVIOUSLY ATTENDED THIS SCHOOL . . . WITHDRAWN AND LATER RETURNED? _____ No Yes

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Signed (Parent or Guardian) _____ Date _____

DOUGLAS COUNTY SCHOOL DISTRICT RE-1
ATHLETIC REGISTRATION/EMERGENCY INFORMATION CARD

School Name: Mountain Vista High School 3

Office use

CLEARED FOR PRACTICE
CLEARED FOR SCRIMMAGE OR COMPETITION
NOT CLEARED FOR SCRIMMAGE OR COMPETITION
PHYSICAL EXPIRATION DATE: / /

SPORT	Fall:	_____
	Winter:	_____
	Spring:	_____
	Paid:	_____

NAME: _____ BIRTHDAY: _____ AGE: _____ SEX: _____ GRADE: _____
ADDRESS: _____ CITY: _____ ZIP CODE: _____
PARENT/GUARDIAN'S NAMES: _____ HOME PHONE: _____
FATHER'S PHONE DURING DAY: _____ MOTHER'S PHONE DURING DAY: _____
EMAIL ADDRESS: _____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

NAME: _____ PHONE: _____
FAMILY PHYSICIAN: _____ PHONE: _____
HOSPITAL (Please indicate): _____ PHONE: _____
FAMILY DENTIST: _____ PHONE: _____

SCHOOL(S) ATTENDED LAST 12 MONTHS: _____
YEAR YOU ENTERED 9TH GRADE? _____ MONTH/YEAR YOU ENTERED HS? _____
HAVE YOU PREVIOUSLY ATTENDED THIS SCHOOL . . . WITHDRAWN AND LATER RETURNED? _____ No Yes

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Signed (Parent or Guardian) _____ Date _____

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: _____
PHONE NUMBER: _____

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

High-School Athletics and Activities Training Rules & Expectations

As a representative of DCSD's activity and athletic programs, I understand and accept that:

- It is my privilege and honor to wear my school colors
- I am a leader in and out of uniform
- My actions are a reflection of myself, my family, my school, and community
- I'm accountable for my performance in the classroom and my conduct in the community.

In exchange for the opportunity to participate in DCSD interscholastic activities or athletics (abbreviated here as "Activities"), and in accordance with Policy JJI, I agree to the following:

Scope of Rules

From the day a student first participates in a DCSD high-school Activity until that student graduates from high school, these rules remain in effect, throughout the school year, including weekends, vacations, and holidays, and regardless if the student is on or off DCSD property.

The consequences outlined here are in addition to, not instead of, those the student may receive under the DCSD's Code of Conduct, the Colorado High School Activities Association By-laws, coaches' team rules, or other sources. They represent minimum sanctions; the Principal or designee may increase or modify these consequences in particular cases or in general as he or she deems appropriate.

Although some prohibited behaviors listed below refer to DCSD's Code of Conduct, because these training rules are in effect at times and in places when the Code of Conduct may not be, and because students who participate in Activities are held to higher behavioral expectations than other students, the Principal or designee may determine that a student's conduct constitutes grounds for imposing an Activity penalty under these rules even when that conduct does not result in suspension or expulsion under the Code of Conduct.

Prohibited Behaviors

- Violating DCSD's policies regarding drugs & alcohol (JICH) and tobacco use (JICG)
- Violating DCSD's weapons policy (JICI)
- Violating DCSD's gang-related behaviors and dress policy (JICF)
- Violating any criminal law
- Continued willful disobedience or open and persistent defiance of proper authority
- Willful destruction or defacing of school property
- Behavior detrimental to the student's, other students', or school personnel's welfare, health, or safety
- Any other conduct that would constitute grounds for suspension under DCSD policy JKD/JKE.

Consequences

The following minimum consequences will result whenever the Principal or designee concludes that a student has engaged in any of the prohibited behaviors listed above.

- First offense: For Activities with 11 or fewer regular-season contests, the student will be suspended for the next contest; for those with more than 11 regular-season contests, the student will be suspended for the next 2 contests. These suspensions will be imposed whether or not the next contest or contests are regular-season contests or are special events, tournaments, or qualifiers.
- Second offense: The student will be suspended from all Activities throughout DCSD for 1 full year from the date of the infraction.
 - If, however, a student initiates contact with school authorities to voluntarily report his or her involvement in conduct prohibited by these rules, then the student will be eligible for the following lesser second offense penalty: The student will be suspended from the remainder of the season of the Activity he or she was participating in at the time of the conduct and, upon proof that the student has successfully completed an intervention class chosen by the school athletic director, the student will only be suspended from the first 50% of the regularly scheduled contests of the next Activity that the student participates in for an entire season.
- Third offense: The student will be suspended from all Activities throughout DCSD for 1 full year from the date of the infraction, except that if a second offense suspension is still in effect, then the date of the third offense suspension will not begin on the date of the infraction, but rather will begin on the day after the second offense suspension ends.

Nothing in these rules prohibits the Principal, designee, or individual coaches from establishing and enforcing additional rules applicable to Activities, such as lesser or different penalties for failing to exercise good sportsmanship at practices or competitions or for failing to demonstrate good citizenship at school or school-sponsored events.

I have read and agree to follow these rules:

Student's Name (print)	Signature	Date
Parent or Guardian's Name (print)	Signature	Date

STUDENT AND PARENT OR GUARDIAN ADVISEMENT AND PERMIT

Colorado High School Activities Association Rules and Regulations state that no pupil shall participate in interscholastic activities until he/she is on file with the appropriate office: (a) a statement signed by his or her parent or legal guardian that he/she has the consent to participate and (b) a statement from a practicing physician certifying that the pupil is physically fit to participate in high school interscholastic activities.

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. 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 UNDERSTAND AND, BY THEIR PARTICIPATION, AGREE THAT THEY MUST AND WILL OBEY ALL SAFETY AND TRAINING RULES, FOLLOW DIRECTIVES OF THE COACHES, PROMPTLY REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR OWN

EQUIPMENT DAILY. By signing this Permission Form parents and student acknowledge that they 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.

We understand that coaches, trainers and team physician may use their own judgment in securing medical aid and ambulance service in cause of an emergency or in mild injuries where parents cannot be reached. Also the team physician, trainer and/or coach may apply first aid treatment until the family physician can be contacted.

I have read the foregoing, acknowledge the "WARNING" above, accept the risks described and agree to abide by the principles and regulations contained therein.

X _____
Signature of Student Date

I/We have read the foregoing, acknowledge the "WARNING" above, accept the risks described and hereby give consent for the above named student to participate in interscholastic athletics within the Douglas County School District Re. 1 in the following Colorado High School Activities Association approved sports except those crossed out: Baseball, basketball, cross country, football, golf, gymnastics, soccer, swimming, tennis, track and field, volleyball and wrestling. Consent includes spirit teams, managing and training unless crossed out.

X _____
Signature of Parent or Guardian Date

INTERSCHOLASTIC ACTIVITIES INSURANCE WAIVER

I fully understand the Douglas County School District Re. 1 does not provide accident, health or life insurance coverage for the above named student while he/she is participation in the activities associated with interscholastic sports. I/We further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

X _____
Signature of Parent or Guardian Date



DCSD Athletic/Activity Medical Information

Student's Name: _____ Birth Date: _____ Sex: M F

Year in School: 9th 10th 11th 12th Sport (s): _____

Allergies: (include medication, food, latex or other allergies):

- _____

Medications (List ALL you are currently taking, including birth control pills):

- _____

Date of last Tetanus shot: _____

List any body piercing you have other than on your ears: _____

List any surgeries you have had and the approximate date(s): _____

Please answer the following questions carefully and as accurately as possible. If you answer yes to any question, please provide the date of occurrence and the care that was received

Concussion History: It is extremely important that this be honest and accurate.

How many and when? _____

Did you lose consciousness? Yes ___ No ___ Did you require care by a doctor? Yes ___ No ___

Have you ever been told by a doctor that you could not participate in a practice or game following a concussion? Yes ___ No ___

Have you ever been advised by a doctor to wear protective head gear during sports? _____

Do you wear any type of protective head gear during sports? _____

Table with 2 columns: Question, YES, NO. Contains 8 questions about dizziness, chest pain, fatigue, family heart problems, skin issues, heat/cramps, stingers, and special equipment.

Please answer the following:

Have you ever had an injury or a fracture to any of the following:

Table with 3 columns: Injury Type, YES, NO. Lists 10 injury types: Head/neck, Spine, Shoulder(s), Elbow, Wrist, Hand, Hip, Knee, Ankle, Foot. Includes 'When/Treatment' field for each.

Have you ever had any of the following:

	YES	NO	
1. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
▪ If yes, are you insulin dependent:	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
2. Bladder or kidney infections	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
3. Mono	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
4. Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____ Type _____
5. Irritable bowel, colitis, or Crohn disease	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
6. Collapsed lung	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
7. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
▪ If yes, do you use an inhaler/nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	(circle) _____
8. Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
9. Trouble Breathing or Coughing during exercise	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
10. Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
11. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
12. Racing or skipped heart beats	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
13. Ear infections	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
14. Eye infections	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
15. Glasses/contacts	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
▪ If yes to contacts, Do you wear hard or soft lenses?	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
			Hard Soft (circle)
16. Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
17. Thyroid or adrenal disorder	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
18. Blood or clotting disorder	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
19. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
20. Seizure or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
21. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
22. Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____
23. Migraines	<input type="checkbox"/>	<input type="checkbox"/>	When/Treatment _____

Females Only:

Date of first menstrual period: _____

Do you ever miss your periods: _____

Please print your name: _____

Signature: _____ Date: _____

DOUGLAS COUNTY SCHOOL DISTRICT RE-1

**Transportation Awareness
Consent and Release**

STUDENT NAME _____ **Grade** _____
(Please Print)

The Douglas County School District (the "District") provides District transportation for students to and from a great many activities, events, matches and games. However, the District is unable to provide District transportation in all circumstances and to all events. When District transportation is not available, it is the student's parent's/guardian's responsibility to provide or arrange for their student's transportation to and from the event.

When District transportation is not available and other alternative forms of transportation are utilized, the District cannot and does not assume any responsibility for the safety, training of drivers, condition of vehicles, adequacy for the use or purpose intended or any other matters related to any non-District transportation.

Therefore, we, the undersigned parent/guardian and student, hereby acknowledge, agree and understand that the District does not insure, endorse, approve or sponsor any form of non-District transportation, whether by parents, students or otherwise, to and from District off-campus activities or events. We further acknowledge it is our responsibility to provide or arrange for our/my child's transportation to District events when District transportation is not available. As such we consent to our child's use of alternative means of transportation, including private vehicles driven by parents, and, if applicable, consent to our child's use of a vehicle to transport himself/herself to off-campus events. We hereby waive, release, discharge and agree to hold harmless and indemnify the District, its agents, employees, insurers and Board of Education, from any claim, cause of action, damage, injury, or demand of any nature, including bodily injury, property damage or death, arising from or sustained during or as a result of my/our child's utilization of or participation in any non-District transportation, whether furnished by us, our student, parent or otherwise.

Parent/Guardian Signature **Date**

Student Signature **Date**

**Tennis-Cross Country-Gymnastics-Swim/Dive-Golf Teams
Transportation Awareness
Site Management and Consent**

The Douglas County School District (the "District") provides District transportation for students to and from a great many activities, events, matches and games. The nature of these sports, needing off-campus practice and meet sites, limits the district's capacity to bus on every occasion. In such instances, whether for practices or scheduled meets, it is the responsibility of the parent/guardian of the student to arrange the student's transportation to and from the event. The school district will not assume responsibility for the supervision, safety or adequacy of non-school district furnished transportation.

Be further advised that the school district personnel may not supervise certain golf practices, matches and tennis practices. Participation in the practices or matches rest with the student and their parent/guardian. The school district will not assume responsibility for the student's conduct or safety in connection with these practices and/or matches.

As a student participant in the Douglas County Schools golf, cross country, gymnastics, swim/dive, and/or tennis programs, I recognize the dangers associated with the issues described and I agree to assume the risk involved while participating.

Student Signature **Date**

As the parent/guardian of the above-named student, I recognize the dangers associated with the issues described and consent to the participation of the above-named student.

Parent/Guardian Signature **Date**