

**St. Vrain Valley School District Parent/Guardian Permission Form**

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

**ACKNOWLEDGEMENT AND CONTRACT**

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

**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 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.
- 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.
- 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.
- 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.  
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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 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 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 \_\_\_\_\_ HIGH SCHOOL, in Colorado High to compete in athletics for \_\_\_\_\_ 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 do not have insurance and will assume responsibility for payment of expenses incurred in the event of injury.

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 \_\_\_\_\_