# Athlete Information

Student Name:

Male Female Age Birth date Grade

Parent/Guardian Name: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Zip Code: \_\_\_\_\_\_\_\_\_\_\_Phone: Physician: Physician Phone:

Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:

Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Emergency Contact Name:

Secondary Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Athletic Activities Statement for Participation**

**TO BE COMPLETED BY A PHYSICIAN**

\_\_\_\_ Initial physical examination \_\_ Medical Re-evaluation

I hereby certify that I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that the student was found physically fit to engage in middle school basketball or volleyball. Please indicate any sport in which the student should not participate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** (valid for 365 days unless rescinded.)

**Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Information**

Does your child have a medical diagnosis of which the school needs to be aware? \_\_\_Yes \_\_\_ No

If yes, please list

Does your child take any medication on a regular basis or under certain conditions (as needed)?

\_\_\_Yes \_\_\_ No

If yes, please list medication name, dosage, frequency and purpose

Is your child on a Health Care Plan? \_\_Yes\_\_No

Is you child on a 504 Plan?

\_\_Yes\_\_No

Does your child have asthma? \_\_Yes\_\_No

If yes, is your child authorized to self-carry an asthma inhaler? \_\_Yes\_\_No

Does your child have a seizure disorder? \_\_Yes\_\_No

Does your child have diabetes? \_\_Yes\_\_No

Does your child have a diagnosed life threatening allergy? \_\_Yes\_\_No

If yes, is your child authorized to self-carry an epi-pen? \_\_Yes\_\_No

Does your child have any food restrictions/sensitivities? \_\_Yes\_\_No

If yes, please list

Other Health Conditions (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please provide any other information of which the School should be aware of regarding the health, safety, and welfare of your son/daughter, including without limitation any physical limitations, allergies, disabilities, or environmental sensitivities severe enough to cause a reaction:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION, WAIVER AND RELEASE OF LIABILITY, AND**

**ASSUMPTION OF RISK FOR ATHLETIC ACTIVITIES**

This Waiver and Release (“the Agreement”) must be read, completed, and returned to Pikes Peak School of Expeditionary Learning (the “School”) prior to participating in any activities circled below (“the Activities”):

Circle which of the following sports the student will be allowed to participate in:

Basketball Volleyball

In consideration for Student being permitted to participate in the Activities, I, the undersigned, agree that Student may participate in the Activities and I acknowledge and agree to the following:

**A. Nature of the Activities.** I have circled the Activities in which the Student will participate, and I understand the nature of the Activities, and that the Activities involve certain risks, including without limitation the risk of injury, death, economic loss, property damage or other losses. I agree that Student will follow all instructions and will comply with all rules and directives of the School and School Representatives for the Activities.

**B. Assumption of Risk.** I fully understand that participating in the Activities may not only involve risk of serious injury or death, economic loss, property damage, or other losses that may result from Student’s or my own actions, inactions or negligence, but also from the actions, inactions or negligence of others, and I voluntarily agree to assume this risk on behalf of Student. I agree that all such risks are my responsibility.

**C. Covenant Not to Sue.** I, on behalf of myself, Student, and any personal and legal representatives, heirs, successors and next of kin of either, will not make or bring any Claims against the School, or any of its present or former directors, officials, employees, agents, attorneys, insurers, volunteers, contractors, and other representatives of the School, and their respective successors, heirs and assigns (collectively referred to as “School Representatives”), for injury, damage, death or any other loss or Claims arising from or related to Student’s participation in the Activities.

**D. Release and Indemnification.** I, on behalf of myself, Student, any personal and legal representatives, heirs, successors and next of kin of either, do hereby forever release, waive, discharge, relinquish, indemnify, and agree to hold harmless the School and School Representatives from any and all lawsuits, actions, causes of action, claims, charges, demands, losses, damages, costs, attorney’s fees, judgments, and liabilities of every kind and character, whether known or unknown, foreseen or unforeseen, including without limitation bodily injury, death, economic loses, damages, and personal injuries that may be sustained by me, the Student, or any other person in any way connected to, related to, or arising out of Student’s participation in the Activities, regafrdless of any cause or negligence of the School or School Representatives (collectively “Claims”).

**E. Good Health.** Except as has been disclosed in writing to the School above, I warrant that Student is in good health and has no medical condition that would present a health risk or prevent him or her from participating in the Activities. I have had the opportunity to seek medical advice for any concerns I may have regarding Student’s health. I hereby specifically release the School and School Representatives from any Claims arising out of my failure to disclose any such medical concerns to School.

**F. Medical Treatment.** I understand that School does not provide me or the Student with any insurance, including life, medical, motor vehicle, or liability insurance, for any participation in the Activities or issues that might arise related thereto, including without limitation illnesses, accidents, injuries, losses, or damages that may occur as a result of Student’s participation in the Activities.  I authorize the School and School Representatives to obtain necessary medical care for Student during participation in the Activities and I agree that in the event it becomes necessary for a School Representative to obtain medical care for the Student, which may include emergency care, neither the School nor the School Representative assumes financial liability for expenses incurred as a result thereof. I understand that every effort will be made to contact me to explain the nature of the medical issue prior to any involved treatment, especially in a non-emergency situation, but I also recognize that such prior contact may not always be possible to best ensure the health and safety of the Student. I understand I have the sole responsibility, and will pay, for all medical expenses of the Student arising out of Student’s participation in the Activities.

This Agreement shall be construed consistent with the laws of the state of Colorado, and nothing herein shall be construed as a waiver of any applicable immunity, including without limitation the School’s governmental immunity.

**By signing this Agreement I give permission for the Student to participate in the Activities. I have carefully read this Agreement and fully understand its contents. I have had opportunity to seek legal advice, if so desired. I am aware that I have given up substantial rights by signing the Agreement, and I am signing the Agreement voluntarily. Neither I nor Student has any obligation to participate in the Activities or sign this Agreement, but I desire to do so.**

Student(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of Parent/Legal Guardian for Minor Signature of Parent/Legal Guardian for Minor

Date Signed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_