



Please read the CtMS Athletic Handbook and sign below acknowledging that you agree and understand all of the components listed in the handbook. Both the athlete and guardian need to sign. The signed page needs to be returned to the front office.

#### **Parent/Athlete Acknowledgement Form**

Please sign and return to the main office.

I, \_\_\_\_\_, parent  
of, \_\_\_\_\_ an athlete at Centennial Middle  
School has received and read the Centennial Middle School Athletics Handbook. I  
hereby agree to follow the guidelines of the handbook. I also realize that some  
situations may occur that are not specifically covered in the handbook. If this occurs  
we realize the coaching staff will handle the situation as well as possible, according  
to what is best for the team, goals, and philosophies of the athletic program.

Printed Name of Athlete \_\_\_\_\_

Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

CtMS Athletic Handbook Signature Page  
Page received by office: \_\_\_\_\_  
Date: \_\_\_\_\_



## **Centennial Middle School Athletics Handbook <sup>23</sup>**

### **Philosophy**

We believe that sports change lives for the better.

We believe that participation in athletics increases confidence.

We believe that the purpose of middle school athletics is skill development.

We believe that BEARS athletes need to:

- Be their best on and off the field.
- Encourage others.
- Appreciate the game.
- Respect coaches, teammates, officials and competitors.
- Stay academically eligible.

Research has shown that athletics participation is associated with higher GPAs, lower dropout rates and stronger commitments to school compared to the non-athlete student. Because of this, we encourage every student to participate. The sports that we offer to all 7<sup>th</sup> and 8<sup>th</sup> grade students include the following:

#### **Fall**

\*Cross Country  
Football  
Volleyball

#### **Winter**

Boys Basketball  
Girls Basketball  
\*Wrestling

#### **Spring**

Track

\*6<sup>th</sup> grade students can participate in Cross Country and Wrestling.

### **Requirements to Participate**

- Athletic packets may be picked up at the main office or downloaded from our school website. The athletic packets include: Physical form, consent to treat, insurance form, training code.
- In addition to the athletic packet the athletic handbook and use of equipment page must be signed and turned into the front office.



## 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**

**MONTROSE SCHOOL DISTRICT RE-1J**  
**ATHLETIC / ACTIVITIES**  
**TRAINING CODE**

Name: \_\_\_\_\_  
Sport: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Parents' Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Message from the Board of Education**

The Board of Education of Montrose County School District RE-IJ recognizes the great benefit to the District and its students, as well as to the community, of a comprehensive and vigorous athletic/activities program firmly focused upon the welfare of its participants. The short term and long term health and life experience advantages to athletic participants are well known.

To that end, the Board wishes to make it clearly and widely known that full compliance with the adopted Athletic/Activities Training Code and Procedures Handbook is expected of all participants, their parents and guardians, and their coaches/sponsors. These rules and procedures have been established to insure that interscholastic participants in the Montrose County School District RE-IJ will be conducted primarily for the benefit of the students, that participation will be a worthwhile and healthy learning experience, and that individuals and teams will be well and fairly coached/sponsored. The Board considers the importance of individual and team win-loss records to be secondary to these objectives.

Furthermore, the Board takes very seriously its responsibility to the District's students and coaches/sponsors to insure that all policies, procedures and rules will be enforced fairly and uniformly. To that end, it holds the school district and building administrators, the coaches/sponsors, the students and the student's parents and guardians individually and collectively accountable for observing and enforcing those policies, procedures and rules. In return, it pledges, without reservation, to firmly support any and all reasonable efforts by school district personnel, students and parents and guardians to enforce those policies, procedures and rules.

**Montrose School District RE-IJ Athletic/Activities Training Code**

**Philosophy**

The athletic/activities code is built and can work only within each individual participant's sense of integrity and honesty, the unwavering support of parents in helping the participant to hold firmly to the code, and the consistency of coaches/sponsors and administrators in dealing with violations.

- This code should be viewed, first and foremost, as a promise to oneself. Further, it is a promise to one's teammates, parents and coaches/sponsors to abstain from all illegal activities, and to maintain a standard of excellence in academics and citizenship.

Students who choose to participate in athletics/activities also assume the responsibility of representing our schools and keeping their commitment to follow the athletic/activity code.

- Students, in order to participate to the best of their ability, must be physically fit.
- Students must maintain academic standards to establish their privilege to participate.
- Students in extra-curricular activities are "looked up to" and receive public recognition. They have the responsibility of maintaining acceptable behavior standards in school and in the community.

Coaches/Sponsors will follow the athletic/activities policy handbook as established by the District. Violations of these policies will not be taken on hearsay or rumor; however, an investigation will be initiated by the head coach and/or athletic director when reliable information comes to their attention. A valid case for action would include eye-witness testimony, law enforcement records or an admission of guilt.

**SELF-REPORTING OF A TRAINING CODE VIOLATION:** If a student self reports a violation of the training code to a coach or school official in a timely manner, (to be determined by school administration) the student may elect to meet with an infraction committee (comprised of school administration and available coaching staff) in lieu of an automatic 20% suspension of activities. The committee may determine that the suspension of activities is not warranted for the infraction and may assign consequences that are more restorative in nature or may reduce the suspension to no less than 10% of total games played in that season, to include playoffs if the number of games has not been satisfied in the regular season."

**THE SELF-REPORTING OPTION ONLY APPLIES TO 1ST OFFENCES; ALL OTHER INFRACTIONS WILL FOLLOW THE ESTABLISHED PROTOCOL.**

**CARRY OVER RULE:** A suspension will be carried over and enforced, on a percentage basis unless otherwise stipulated, into the athlete's next sport season if the suspension has not been completed. (The next sport season being the next sport the athlete participates in and is a bona fide team member as determined by the building administrator.)

**BONA FIDE -** School administrators will determine if a student/athlete qualifies as a bona fide team member. i.e. incurring training code violations and going out for a sport one would not normally participate in order to serve suspension time.

Incidents that warrant education on anger management, drug, alcohol, and/or tobacco use must be completed before returning from the first, second and third offenses and must be approved by a school administrator.

### **Due Process**

- A thorough investigation of a suspected violation will be conducted before action is taken.
- The school building administrator will arrange for a conference with the head coach/sponsor and the student and will notify the student's parents or guardian of that conference. (NOTE: If the conference with the student is to be one involving questioning of the student, the student has the right to have an adult present.)
- The administrator will determine if a violation has occurred, and if so, will take the indicated disciplinary action.
- After a decision has been reached, the parents or guardian, the student, the coach/sponsor and the central office will be informed of the decision, in writing. The parent or guardian, or the student may appeal the school level decision to the principal, if the principal has not been involved in the original action.
- An appeal may be made to the superintendent of schools and if the disagreement is not resolved by the superintendent, an appeal can be directed to the School Board in executive session.
- At the beginning of each athletic/activities session, schools are required to provide information to students about the Training Code, and each participant and his/her parent/guardian must have signed the code. Coaches/Sponsors must conduct the meetings with participants so that all will understand the Training Code.

### **WARNING**

By their very nature, competitive athletic/activities can put students in situations where SERIOUS, CATASTROPHIC, and perhaps FATAL ACCIDENTS may occur.



**Montrose County School District RE-1J**  
126 South 5<sup>th</sup> Street  
PO Box 100000  
Montrose, CO 81402-9701  
(970) 249-7726 – phone  
(970) 249-7173 – fax  
www.mcsd.org



---

## **MONTROSE COUNTY SCHOOL DISTRICT RE-1J INSURANCE FORM**

CHSAA and the Montrose County School District RE-1J suggest any student who participates in activities/athletics in the State of Colorado to be covered by insurance.

The undersigned student and parent(s)/guardian(s) understand that the District does not purchase or have any medical, dental, or hospitalization insurance to cover injuries to or loss of life of students or to indemnify parents or guardians for expenses in connection therewith, and that such insurance, must be purchased by the student or parents/guardians.

If the undersigned student has medical, dental, and/or hospitalization insurance, please provide the following information:

PROVIDER \_\_\_\_\_

POLICY/GROUP NO. \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

I, the undersigned parent/guardian hereby exempt and release the School District, its employees, and authorized volunteers from all claims arising from the student's participation in athletics/activities unless caused by actions for which the School District would otherwise be liable under Colorado law.

DATE \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

---



Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permission is hereby granted to the attending physicians and hospital to proceed with any medical or minor surgical treatment, e-ray examinations, and immunizations for the above named student. In the event of a serious illness, the need or major surgery, or significant accidental injury, I understand that an attempt will be made by that attending physician or hospital to communicate with me. In the event they are not able to reach me, the treatment necessary for the best interest of the above name student may be given.

Ambulance personnel are requested to transport my child to an appropriate hospital or emergency care facility if such action is deemed necessary by his or her school official.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Phone numbers where parents can be reached:

Home: \_\_\_\_\_ Office: \_\_\_\_\_ Other: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_