

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(Valid for 365 days unless rescinded)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: AFC Urgent Care Castle Rock  
5700 New Abbey Lane Suite D300, Castle Rock, CO 80108  
PHONE NUMBER: 303-660-9700

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