

REGISTRATION STEPS FOR AN ORANGE CARD—DUE March 2nd —

(

1. COMPLETE PSD ATHLETIC ONLINE REGISTRATION (only for students who will attend FCHS in the 2019-2020 school year)

<https://tinyurl.com/fchssportsreg2019> (follow instructions carefully)

◆ if FCHS is not your school of attendance for 2019-20, please contact Lori Willadsen at 970-490-3332 to confirm your placement for athletic participation; you will be required to complete a full paper registration packet once placement is on file

2. PAY DISTRICT ATHLETIC PARTICIPATION FEE

\$157 (students enrolled at FCHS or a PSD Alternate School)

or **\$235** (Home-Based, Charter & Private Schools)

◆ Online Payment via www.psdschools.schoolpay.com

OR

◆ pay the FCHS Bookkeeper (after August 5th)

3. REGISTER FOR ARBITER (www.arbiterathlete.com)

ALL NEW ATHLETES must Sign Up for a Student Account to **Fort Collins High School**

✓ ALL 9th graders must update your account to Fort Collins High in the Settings page, or create a new account if you do not have one yet

✓ 10th, 11th, & 12th graders who have not played for FCHS before must Sign Up

✓ Returning athletes who played @FCHS in 2018-19 should already have an account

✓ Transfer Students who attended & played for another school in the 2018-19 should connect with Mr. Caddoo (970-488-8001) immediately to avoid delays in CHSAA documentation & review of eligibility for the upcoming season

SUBMIT THE FOLLOWING ITEMS TO THE FCHS ATHLETIC SECRETARY TO RECEIVE AN ORANGE CARD—starting January 1st

CURRENT PHYSICAL FORM signed & dated by Doctor

FCHS ATHLETIC INFO FORM attached to packet or available

at this link: <https://fch.psdschools.org/webfm/5436/view>

PROOF OF PAYMENT

◆ Orange Cards are only distributed at the FCHS Athletic Office & require a complete registration process. All steps must be done & all required forms submitted to receive a card.

FORT COLLINS HIGH SCHOOL ATHLETIC INFORMATION FORM

Athletes are required to complete a new form & pay the fee(s) for each new season of a year

SPORT you are registering for in this **new season** (only list 1 sport): _____

·NAME: _____ GRADE*: _____ I.D. _____

·Have you completed online registration www.tinyurl.com/fchssportsreg2019 _____(YES) _____(NO*)
(required for every athlete who is enrolled at FCHS for the 19-20 school year)

·Are you enrolled at FCHS for the 19-20 school year: _____(YES) _____(NO*)

*if NO what school will/do you attend? _____

·Do you live in the Fort Collins High School Attendance area? _____(YES) _____(NO*)

*if not, who are you currently living with? Both Parents _____ Mother _____ Father _____ Legal Guardian _____

·Did you attend FCHS last school year (18-19): _____(YES) _____(NO*)

*if NO what school did you attend last year (18-19)? _____

*if not a PSD school, please include: City _____ State _____

(Office Use Only) Arbitrator Info given to student or parent _____

·Did you play sports at the high school level LAST year (18-19)? _____(YES) _____(NO*)*if "Yes" where did you play: **FCHS** OR _____
(name of other school)·Have you tried out/played for a team @ANOTHER high school THIS year (19-20)? _____(YES*) _____(NO)

*if "Yes" list the high school AND the sport(s): _____

·Have you been expelled, suspended, or dropped out of school in the last 12 months? _____(YES*) _____(NO)

*if "Yes" please list the date(s) and reason: _____

♦HAVE YOU REGISTERED FOR YOUR ARBITER ACCOUNT? _____(YES) _____(NO*)

*all new athletes to FCHS (every 9th grader, transfer athletes & students who have never done a sport at FCHS are required to register for a Student Account at www.arbitratorathlete.com before an Orange Card will be issued)♦DATE OF MOST RECENT SPORTS PHYSICAL: month _____/day _____/year _____
(expires 1 year later; must be current for season)

Athletic Fee for FCHS or PSD Alternative Schools: \$157

All Others*: \$235

*Home-Based, Charter & Private school students must be placed by PSD Athletics to play at FCHS & are subject to higher fees



Poudre School District
 2407 LaPorte Ave
 Fort Collins, CO 80521
 970-482-7420

2019-2020

**High School Athletic Participation
 Permission and Release**

An Athletic Participation Permission and Release of Liability form must be completed and submitted to the school of athletic participation as designated below each school year, and must list the sport(s) the student wishes to participate in before the student will be allowed to practice or compete in those sport(s). A current Physician Certification of Student Fitness for Athletic Participation form must also be submitted and on file at the school of athletic participation.

Student Information

Student's Name (Last, First, M.I.) _____ PSD Student ID# _____
 (Leave blank if not a current PSD student)

Student's Date of Birth _____ Grade for 2019-20 _____ Male _____ Female _____

Student's Street Address _____ City _____ State _____ Zip Code _____

Parent(s)/Legal Guardian(s) Name(s) _____ Telephone _____

For the above referenced school year:

School of Attendance: _____ Previous Year's School of Attendance: _____

School of Athletic Participation: _____

This permission and release of liability made this _____ day of _____, 20____, is given
Day of month Month Year

by the student named above (the "Student") and the Student's parent(s)/legal guardian(s) named above ("Parent(s)") in favor of Poudre School District No. R-1 (the "District").

In consideration of permission granted by the District for the Student to participate in the sport(s) listed below (the "Sport(s)") at the School of Athletic Participation noted above (List all sports the student will participate in during the above referenced school year*):

Student and Parent(s) hereby covenant and agree as follows:

Student and Parent(s) release and hold harmless the District and its board members, employees and agents from any and all liability claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that Student and/or Parent(s) may have against the District and its board members, employee and/or agents for any and all damages that may arise out of or in connection with the Sport(s).

By its nature, participation in athletics includes certain risks and dangers particular to each sport, including the risk of injury ranging in severity from minor to catastrophic and long-term. Student and Parent(s) understanding and appreciating the risks and dangers that may exist in allowing Student to participate in the Sport(s), assume the risk of any and all damages, including personal injury, which Student may incur as a result of participating in the Sport(s).

* List of District-sponsored sports: † Special Olympics of Colorado

| | | | | | | | |
|------------------|---------------|--------------|------------|--------------------|----------|-------------|---------------|
| Baseball | Cheer/Dance | Field Hockey | Golf | Ice Hockey | Soccer | Swimming | Track & Field |
| | | | | Lacrosse | | | Volleyball |
| Basketball | Cross Country | Football | Gymnastics | Nordic Skiing | Softball | Tennis | Wrestling |
| SOCO† Basketball | | SOCO Cheer | | SOCO Flag Football | | SOCO Soccer | |

Student and Parent(s) acknowledge and represent that they have read the *Poudre School District Athletic Handbook* available at <https://www.psdschools.org/webfm/9236/view> and in hard-copy form, and acknowledge that they are subject to its terms and conditions. Specifically, Student and Parent(s) acknowledge and represent that they have read and understand District Policy JJ, Interscholastic Athletic Training and Personal Conduct Rules, available at <https://www.psdschools.org/sites/psd.psdschools.org/files/PSD/policies/JJ.pdf>. If there is a conflict in the language between the *Athletic Handbook* and Policy JJ, the terms of the policy shall control. Student and Parent(s) also acknowledge and represent that they have read and understand Board Policy JLCD, Administering Medicines to Students/Asthma, Food Allergy and Anaphylaxis Health Management, which is included in the Poudre School District Student Rights & Code of Conduct and is also available at <https://www.psdschools.org/sites/psd.psdschools.org/files/PSD/policies/JLCD.pdf>. Student and Parent(s) understand and acknowledge that the District's consequences for controlled substances, alcohol, and tobacco violations are separate and in addition to any consequences imposed by state or local law enforcement.

The District provides transportation for students to and from many practices and competitions. However, the District is unable to provide transportation in all circumstances and to all events. The nature of some sports requires practices and competitions to be held off-campus, limiting the District's ability to provide transportation on every occasion. Student and Parent(s) hereby acknowledge and understand that the District does not assume any responsibility for the Student's transportation when District transportation is not used and the Student and/or Parent(s) are solely responsible for making appropriate arrangements to and/or from the athletic practice or competition.

Student and Parent(s) understand that the District is protected from liability under the Colorado Governmental Immunity Act for injuries and damages that may arise out of or in connection with participation in the Sport(s), and understand that any injuries and damages that may arise out of or in connection with participation in the Sport(s) may not be covered by District insurance. For these reasons, it is recommended that Student or Parent(s) obtain appropriate insurance from qualified sources to cover medical expenses and other costs that could result from injury to the Student, and damage to or destruction of property belonging to the Student or Parent(s), which may arise out of or in connection with the Student's participation in the Sport(s). The District makes voluntary student accident insurance available through an outside provider. Student or Parent(s) may obtain more information from the Student's school or at <https://www.psdschools.org/risk-management/student-insurance>.

Parent(s) hereby acknowledge and represent (**one of the following must be marked**):

I have purchased the voluntary student accident insurance made available through the District.

I have not purchased the voluntary student accident insurance made available through the District and understand I am responsible for payment of expenses incurred in the event of injury to my son/daughter.

I/We, the undersigned Student and Parent(s) have read this *High School Athletic Participation Permission and Release* and understand all of the terms thereof, the nature of the Sport(s) to which they apply, and the risks and dangers that may exist in allowing the Student to participate in the Sport(s). We execute this document voluntarily and with full knowledge of the rights we are giving up and the obligations we are assuming, effective as of the date first above written.

Parent/Legal Guardian Signature Date

Student Signature Date

Parent/Legal Guardian Signature Date

Nondiscrimination Statement

Poudre School District does not unlawfully discriminate on the basis of race, color, religion, national origin, ancestry, sex, sexual orientation, marital status, or disability in access or admission to, or treatment with respect to participation in District athletics.



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2407 LaPorte Ave
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Colorado High School Activities Association Student Eligibility Information and Anti-Hazing Policy (2019-20)

Student's Name (Last, First, M.I.)

Student ID#
(Leave blank if you are not a PSD
student)

Parent(s)/Legal Guardian(s) Name(s)

Pursuant to CHSAA Bylaw 1720.1, parents must be informed, understand and acknowledge basic CHSAA eligibility rules.

In accordance with CHSAA Bylaw 1720.1, I have read, understand and agree to the general eligibility guidelines as outlined in the CHSAA *Competitor's Brochure* found on the CHSAA website at: <http://www2.chsaa.org/about/pdf/CompetitorsBrochure.pdf>.

- Poudre High School, Fort Collins High School and Fossil Ridge High School are currently under Plan A.
- Rocky Mountain High School is currently under Plan B.

A description of each plan is provided in the *Poudre School District Athletic Handbook* under the section titled, "Athletic Program Requirements and Fees." The Handbook can be found on PSD's Athletics webpage at: http://www.psdschools.org/sites/default/files/Athletic_Handbook.pdf.

Parent/Legal Guardian Signature

Date

Student Signature

Date

Parent/Legal Guardian Signature

Date

CHSAA Anti-Hazing Policy

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing includes, but is not limited to humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in any CHSAA sanctioned activity.

I will not engage in any prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.

By signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also understand that any violation of this could result in school or team consequences that could include dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.

Student Signature

Date



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**2019-2020
 Student Athlete Medical Information**

Student Information

Parents are specifically reminded that all medications require a completed PSD authorization form which must be on file in the school office.

 Student's Name (Last, First, M.I.) PSD Student ID#
(Leave blank if not a current PSD student)

 Student's Date of Birth Age Male Female

Parent(s)/Legal Guardian(s): _____

Telephone Number(s): _____

Other Emergency Contact(s): _____

Telephone Number(s): _____

Sport(s): _____

Please list any health and/or medical conditions, including any allergies:

Please list any disabilities and required accommodations and/or restrictions:

Please list all medications the student athlete takes:

Date of Student Athlete's last tetanus booster shot (month/year): _____

 Parent/Legal Guardian Signature Date

 Parent/Legal Guardian Signature Date



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2019-20 High School Physician Certification of Student Fitness for Athletic Participation

This form, as well as an Athletic Participation Permission and Release form, must be completed and submitted to the school of athletic participation as designated below before the student will be allowed to practice or compete in school sport(s).

Student Information – To be completed by student or parent/guardian

 Student's Name (Last, First, M.I.) Student ID#

 Student's Date of Birth Male Female

 Student's Street Address City State Zip Code

 School of Athletic Participation

 Parent(s)/Guardian(s) Name(s) Telephone

Physician's Certification

I certify that I have examined the above-named student and find the student physically fit to fully participate in the school sport(s) listed below, except those crossed out, without restriction:

- | | | | | | | | |
|------------------------------|---------------|--------------|------------|--------------------|-------------|----------|---------------|
| Baseball | Cheer/Dance | Field Hockey | Golf | Ice Hockey | Soccer | Swimming | Track & Field |
| | | | Gymnastics | Lacrosse | | | |
| Basketball | Cross Country | Football | Lacrosse | Nordic Skiing | Softball | Tennis | Volleyball |
| SOCO [†] Basketball | SOCO Cheer | | | SOCO Flag Football | SOCO Soccer | | Wrestling |

Additional Comments:

Date of Examination _____ (Valid for 365 days unless rescinded)

 Physician Name (Printed) Phone Number

 Physician Signature Date

[†] Special Olympics of Colorado