

## REGISTRATION STEPS FOR AN ORANGE CARD—DUE MARCH 2<sup>ND</sup>

### 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](http://www.psdschools.schoolpay.com)

OR

◆ pay the FCHS Bookkeeper (after January 1st)

### 3. REGISTER FOR ARBITER ([www.planeths.com](http://www.planeths.com))

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

✓ ALL 9<sup>th</sup> 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

✓ 10<sup>th</sup>, 11<sup>th</sup>, & 12<sup>th</sup> 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 call 970-488-8011 immediately to avoid delays in CHSAA documentation & review of eligibility for the upcoming season

### 4. SUBMIT THE FOLLOWING ITEMS TO THE FCHS ATHLETIC SECRETARY TO RECEIVE AN ORANGE CARD—starting February 10<sup>th</sup>

**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](http://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 ARBITRATOR 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](http://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

## 2019-20 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 <sup>†</sup> 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 \_\_\_\_\_

<sup>†</sup> Special Olympics of Colorado