



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

2024-2025

**Middle 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 2024-2025 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 including in-District travel for practices and/or competitions (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

- | | | | | |
|---------------|----------|---------------|------------------|--------------------|
| Basketball | Football | Tennis | Softball | Wrestling |
| Cross Country | Golf | Track & Field | Girls Volleyball | Unified Basketball |

Student and Parent(s) acknowledge and represent that they have read the *Poudre School District Athletic Handbook* available at <https://www.psdschools.org/sites/default/files/PSD/athletics/2023-2024%20PSD%20Athletic%20Handbook.docx.pdf> 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, specifically Article XIV – Training and Personal Conduct Rules. 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/default/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/schools/safety-and-emergencies/student-accident-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 child.

I/We, the undersigned Student and Parent(s) have read this *Middle 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) including possible exposure to COVID-19 and other communicable diseases. 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.



Poudre School District
2407 LaPorte Ave
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2024-2025

Student Athlete Medical Information

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 _____

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): _____

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

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Signature Date



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2024-2025 PSD Social Media Policy

Social Media refers to internet-based applications designed to create and share user generated content. All forms of digital magazines, internet forums, web-blogs, podcasts, photographs, video, rating, and social bookmarking found on websites or applications such as Twitter, Facebook, Instagram or Tumblr that are open to public viewing are considered to be social media. This is a rapidly changing network and many more not mentioned will arise, which are also included in this policy. Violations of this policy outlined below are subject to investigation and sanctions described in the Poudre School District Code of Conduct and are also subject to review by state and federal law enforcement. These fall under the Poudre School District Code of Conduct. Any and all disciplinary measures may apply, depending on the severity of the infraction.

Poudre School District student-athletes are expected to conduct themselves in a respectable manner as a member of their teams and our Athletic Program. As a student-athlete you are responsible for your social media use. Any malicious use of social media platforms shall not be tolerated. Malicious use may include, but not be limited to:

- 1) Derogatory language or remarks regarding fellow athletes, students, coaches, administrators, faculty and staff of Poudre School District or other high schools.
- 2) Demeaning statements or threats that endanger the safety of another person.
- 3) Incriminating photos or statements regarding illegal criminal behavior, underage drinking, use of illegal drugs, sexual harassment, or violence.

As a student-athlete, I have reviewed and carefully read, with my parent(s)/legal guardian(s), the Social Media Policy and agree to abide by all provisions contained within. Furthermore, I understand that violation of said rules may result in loss of athletic privileges and/or suspension from participation.

Print Student Name

Student Signature

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature



PRE-PARTICIPATION PHYSICAL EXAMINATION FORM (Pages 1 & 2)

*This form should be completed by the student and parent **PRIOR** to the physical examination.
 Pages 1 and 2 should be retained by the healthcare professional and/or parent and **NOT** turned into the school.
 This form is valid for 365 calendar days from the date signed by the health care professional.*

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Gender: _____ Age: _____ Date of Birth: ___/___/___
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional)):

Do you have any allergies? If yes, please list all your allergies (i.e., medicines, pollens, food, insects):

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.				(continued)			
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						



PRE-PARTICIPATION PHYSICAL EXAMINATION FORM (Pages 1 & 2)

*This form should be completed by the student and parent **PRIOR** to the physical examination.
Pages 1 and 2 should be retained by the healthcare professional and/or parent and **NOT** turned into the school.
This form is valid for 365 calendar days from the date signed by the health care professional.*

Student's Full Name: _____ Date of Birth: ___/___/___ School: _____

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
18	Are you missing a kidney, an eye, a testicle, your spleen, or another organ?						
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?						
25	Have you ever had, or do you have any problems with your eyes or vision?						

Participation in middle school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. No pupil shall participate in formal practice or represent his/her/their school in middle school athletics until this form is completed in its entirety and page 3 and 4 is on file with the principal or athletic director signed by his/her/their parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) he/she/ they has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, he/she/they is physically fit to participate in middle school athletics. The CHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ___/___/___
Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___/___/___
Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___/___/___

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PRE-PARTICIPATION PHYSICAL EXAMINATION FORM (Pages 3 & 4)

*This form should be completed by the health care professional at the time of the examination. Pages 1 and 2 should be retained by the healthcare professional. **ONLY** Pages 3 & 4 should be turned into the school. This form is valid for 365 calendar days from the date signed by the health care professional.*

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___/___/___ School: _____

PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	
• Have you ever taken anabolic steroid or used any other performance-enhancing supplement?	

Verify completion of Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R20/ _____ L20/ _____ Corrected: Yes No
MEDICAL - health care professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance • Marfanstigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/___

Address: _____ Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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PRE-PARTICIPATION PHYSICAL EXAMINATION FORM (Pages 3 & 4)

This form should be completed by the health care professional at the time of the examination. Pages 1 and 2 should be retained by the healthcare professional. ONLY Pages 3 & 4 should be turned into the school. This form is valid for 365 calendar days from the date signed by the health care professional.

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Gender: _____ Age: _____ Date of Birth: ___/___/___
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*
- Medically eligible for only certain sports as listed below: _____
- Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

I hereby certify that I have examined the above-named student-athlete using the Poudre School District Pre-Participation Physical Evaluation forms and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/___
Address: _____ Phone: (____) _____
Signature of Healthcare Professional: _____ Credentials: _____ License#: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp (if required by school)

Medications: *(use additional sheet, if necessary)*

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

- Allergies Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Trait Mental Health

Explain: _____

Signature of Student: _____ Date: ___/___/___ Signature of Parent/Guardian: _____ Date: ___/___/___

We hereby state, to the best of our knowledge, the information recorded on this form is complete and correct.

This form is not considered valid unless all sections are complete.

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