



LCS & LCHS Sports Forms Checklist

Only one packet of athletic forms needs to be filled out each year for each student. Please inform athletic director if records are on file from a previous sport. All forms need to be completed and turned into the athletic director. The athletic director will then give the student a “**blue card**”. This blue card indicates the student is able to tryout.

Please make sure your child’s physical is up-to-date. Physicals are good for up to one calendar year.

_____ Permission for Medical Treatment Form

_____ Parental Permission Form

_____ Athletic Field Trip Permission Slip Form

_____ Athletic Driver Information Form (if you plan to help drive athletes)

_____ Authorization for Athletic Participation or official physician physical form

_____ Eligibility Contract

_____ Copy of updated license and insurance turned into the front office (if you plan to help drive players)

_____ Fees paid. (check made out to *Liberty Common School*) Fee is paid for the first 2 sports each year; the 3rd sport is free. Discounted fees available to families that qualify for free and reduced lunch.

Junior High - \$80.00

High School - \$200.00

Permission for Medical Treatment Form

In the event of an emergency occurring while my son/daughter is on school-sponsored practice, performance, or trip, I hereby grant permission to the school and to its employees to take whatever action deemed necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter, _____ to receive medical treatment.

Home Phone _____ Business Phone _____

Address _____

Person to be notified other than parent or guardian in emergency:

Emergency Person _____ Phone _____

Family Doctor _____ Phone _____

If you do not give permission or authorization for consent to medical treatment, what procedure should be followed? (Please State) _____

Accident Insurance Waiver

I fully understand that Poudre School District does not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic athletics. I fully understand that it is my responsibility to provide accident or health insurance coverage for my son/daughter. Please complete **one** of the boxes below.

YOU HAVE INSURANCE

We as parents/legal guardians of _____ have our own accident/health insurance coverage with

**Insurance Plan & Number

(Name of Company)

(Policy #)

Parent/Guardian Signature _____ Date _____

YOU WISH TO PURCHASE STUDENT ACCIDENT OR HEALTH INSURANCE.

We as parents/legal guardians of _____ will purchase Accident or Health Insurance through K & K Insurance by logging onto <http://www.kandkinsurance.com/sites/K12Voluntary/Pages/K12VolEligibility.aspx> (School System Name: Poudre).

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

ATHLETIC FIELD TRIP PERMISSION SLIP

I, _____ **give my permission for** _____

(Parent/Guardian)

(Student)

to be transported to athletic games and practices by one or more of the following people:

Parents and coaches of team members that have completed the athletic drivers form

Beginning August 1, 2011 and continuing through May 31, 2012

I understand that the driver must check in at the office and show proof of a valid Driver's License and proof of insurance. Every child in my car will use a seat belt and there will be only one child per belt, as required by law.

I hereby release and discharge any and all rights and claims for damages which I or my child may have against the sponsors, organizers, agents and volunteers of this activity for any injuries of any kind that I or my child may incur as a result of participation in this activity. I understand that participating in any event involves the risk of physical injury and state that my child is physically able to participate in this event. I understand that it will be my responsibility to pay for any emergency services that my child might require during or as a result of participation in this activity.

I further understand that this activity is sponsored by Liberty Common School, Liberty Common High School and Poudre R-1 School District and agree that they shall have no liability of any kind in relation to my child's participation in this activity.

You need to be aware that my child has the following medical conditions:

Parent/Guardian

Signature _____ Date _____

You may purchase student accident insurance for your child by contacting the Business Office at Liberty Common School prior to the day of the field trip. Student accident insurance may not cover your child while in the vehicle of a volunteer/teacher driver. Insurance must be purchased in advance of the field trip.

**LIBERTY COMMON SCHOOL
ATHLETIC DRIVER INFORMATION FORM**

We will need to use carpools to transport students to and from athletic games for the 2011/2012 school year.

If you would like to volunteer to drive we need the following information:

Proof of vehicle insurance

Proof of Colorado driver's license

Each student within the vehicle must be secured in a "working" seat belt.

Note: If you are involved in an accident while on a field trip, your personal auto insurance is responsible for damages/injuries. Liberty Common School and Poudre School District cannot insure personal vehicles.

Name

Date

If you wish to be covered by the Poudre School District medical insurance (for accidents/injuries outside of the vehicle) while you are on a field trip you must be signed up as a district volunteer under the VIPS program. Any district personnel or chaperone incurring an injury as a result of a field trip must notify the building principal or designee who will immediately notify the risk management department.

Office Manager:

Please attach a copy of the valid driver's license and proof of vehicle insurance.

**JUNIOR HIGH & HIGH SCHOOL
AUTHORIZATION FOR ATHLETIC PARTICIPATION**

Student (Last, First, M.I.) _____

Grade (Circle) 7 8 9 10 11 12

Address _____

(Street Address)

City

State

Zip

Telephone _____

Birthdate _____

Name of Parent/Legal Guardian

Physicians Statement

"I certify that I have on this date examined this student, and that on the basis of this examination and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, except for those crossed out below."

Baseball

Golf

Swimming

Wrestling

Basketball

Gymnastics

Tennis

Weightlifting

Cross Country

Soccer

Track

Others _____

Football

Softball

Volleyball

Date of the Examination _____

Phone Number _____

Signed _____

(MD) (DO) Date _____



Liberty Common School Athletics Eligibility Policy

Participation in athletics at Liberty is both a privilege and a responsibility. As members of a Liberty Common athletic team, student-athletes are expected to make a personal commitment to represent Liberty in an exemplary fashion and to follow rules of training and conduct necessary to maintain strong, healthy minds and bodies. Because student-athletes are in a highly visible position requiring leadership and responsibility, they will be held to a higher accountability of conduct and behavior than students who choose not to participate in interscholastic athletics.

The following rules apply to all students participating in interscholastic athletic activities. These rules apply for each sport season students choose to participate in throughout the school year. This policy only needs to be filled out once for the year. **All eligibility decisions are at the discretion of the administration.**

The Athletic Director will check grades at the beginning of each week and report failing grades to the coaches and teachers. This eligibility applies to the entire week. Students that have one D or F will be put on the "Planner Plan" for two weeks where they will need to get their planner signed by the teacher in the failing class. The student-athlete will then need to show this signed planner (calendar, personnel planner, etc.) to the coach in order to practice and participate in the games. The student-athlete will **not** be able to practice or play in a game without the planner signed by the teacher. If progress is not demonstrated after 2 weeks, athletes will be dismissed from the team until their grade is raised.

If a student has two failing grades (D or F), they are immediately placed on probation for two weeks where they are not eligible to practice or play in sports until one of the two failing grades is raised. Students are also to be away from the practices and contests and studying until they raised their grades. **Athletes should use this time to study and raise failing grades.** If one grade is raised then the student-athlete is placed on the planner plan and will be able to practice and play games.

Failure to raise failing grades will result in dismissal from the team for the rest of the season. Missing assignments can contribute to failing grades so student-athletes need to have all work completed and turned in on a timely fashion. If you have any questions regarding the eligibility process, please advise the athletic director.

If a student has two failing grades (D or F) at the conclusion of a semester, that student is ineligible for the following semester's activities. Students can regain eligibility by having no more than one failing grade by the 6th Thursday following Labor Day in the fall semester, and by the Friday preceding March 10th in the Spring semester.

Parent Signature _____

Date _____

Student Signature _____

Date _____