

2017/2018 CANON CITY HIGH SCHOOL ATHLETICS

CCHS offers a wide variety of sports for boy and girl athletes. Besides Varsity (1st team), many of the sports have Junior Varsity and C Teams. The sports are divided into three seasons as follows:

Fall		Winter		Spring	
Cross Country		Boys Basketball		Baseball	
Football		Girls Basketball		Girls Golf	
Boys Golf		Wrestling		Girls Soccer	
Gymnastics		Cheerleading (continued)		Girls Tennis	
Boys Soccer		Dance Team (continued)		Track & Field	
Softball					
Boys Tennis					
Volleyball					
Cheerleading (tryouts in spring of prior school year)					
Dance Team (tryouts in spring of prior school year)					

Student athletes who are interested in a particular sport should start preparing for sport registration well in advance. It is the athlete/parent responsibility to be aware of sign-in dates and obtain the sport packet of forms needed to participate. The activities office will remain open until June 7th and re-open on July 31st. Please feel free to contact our office with any questions or to pick up forms. During the summer months, sports packets can be picked up at the District Office, 101 N. 14th St.

Fall Sport Registration – Boys Golfers will need to register at the CCHS Activities Office July 31st thru August 4th, with the first practice on August 7th. All other fall sports can complete registration anytime between July 31st and August 11th, and practices will start on August 14th. **There will be no blue slips issued on August 14th.** Office hours are from 8am to 3pm.

Winter Sport Registration – Start registration October 30th, with practices beginning November 10th. There will be no blue slips issued on November 10th.

Spring Sport Registration – Start registration February 5th with practices beginning February 26th. There will be no blue slips issued on February 26th.

At sports registration an athlete will be given a **Blue Slip**. The blue slip is turned in to the coach and tells the coach that the student athlete has completed all necessary paperwork. **No one will start practice without a blue slip.** To obtain a blue slip, athletes will turn in all required paperwork and pay the athletic fee.

Forms Required For Blue Slip – **Yellow Emergency Card; Full white sheet**, front and back includes athletic registration, permit/pledge, insurance information and physical. (a copy of a current physical can be turned in instead of having the white sheet signed by a physician); **IMPACT Form; Athletic Fee** (see back).

**Additional forms needed for exchange students: CHSAA Forms #9

**Additional forms needed for transfer students: CHSAA Forms #9

**Additional forms will be required for homeschool students and out of district students.

CCHS Activity Office – 276-5878

Extracurricular Fees

<u>Athletics-</u>	Full-	\$75
	Reduced Lunch-	\$50
	Free Lunch-	\$25
<u>JROTC</u> (Rifle, Drill, Raiders)-	Full-	\$75
	Reduced-	\$50
	Free-	\$25
<u>Speech & Debate-</u>	Full-	\$40
	Reduced-	\$30
	Free-	\$15
<u>FBLA and FCCLA-</u>	Full-	\$35
	Reduced/Free	\$20
<u>Fall Play-</u>	Full-	\$50
	Reduced-	\$35
	Free-	\$20
<u>Spring Musical-</u>	Full-	\$75
	Reduced-	\$50
	Free-	\$25
<u>Band</u>	Full-	\$75
	Reduced-	\$50
	Free-	\$25
<u>Encore</u>	Full-	\$40
	Reduced-	\$30
	Free-	\$15

ACTIVITY CARDS- \$40

**As per CRS 22-32-116.5 home-school students will pay 150% of the full fee. Fee will be truncated (Ex. \$75 would be \$110).*

The family maximum of extracurricular fees paid for CCHS students is \$300/\$200/\$100 per year.

To receive the athletics/activities fee discount for free or reduced lunch students, you must provide proof of acceptance from Canon City Schools Nutritional Services. Applications to receive free or reduced lunch will be available at the Canon City Schools Administration Office beginning on July 1st and will be available at the Canon City High School Athletics/ Activities Office after August 1st. Applications are also available on-line at ccsnutrition.org. If you have any questions about the free and reduced lunch program please call 640.3055.

INSURANCE INFORMATION (check one)

_____ I elect to purchase school insurance (application required)

_____ I elect to sign the insurance release listed below

I the undersigned, being the parent or legal guardian of the named student who wishes to participate during the current school year in interscholastic sports conducted by Canon City High School, do hereby give notice that I do not wish to enroll in the school injury indemnity plan. In consideration of the granting of permission by Canon City High School to enroll my student in the aforementioned sport without the insurance protection afforded by the said school injury indemnity plan, the undersigned hereby discharges SCHOOL DISTRICT FREMONT RE-1 IN THE COUNTY OF FREMONT AND STATE OF COLORADO, its officers, agents, and employees from and against any and all loss, liability, or expense resulting from any accident or injury my student connected in any way with his/her participation in the sports program; including, but without limiting, the accidents and injuries received in connection with practices and games.

Parent/Guardian

Signature _____

Athletic Fee – Full athletic fee is \$75. Students who qualify for free or reduced lunch may receive a reduced fee by providing proof of acceptance from Canon City Schools Nutritional Services – 275-5813.

PARENT OR GUARDIAN PERMIT & STUDENT/PARENT PLEDGE

- Warning: Participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school. **By its nature, participation in interscholastic athletics includes a risk of injury which may range from minor to long-term catastrophic.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. **Players must obey all safety rules and report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.** By signing this permission form we acknowledge that we have read and understand this warning.
- I agree to abide by all rules and regulations set forth in the pages of the Canon City High School Athletic Handbook including the training code pertaining to the abstinence or use of alcoholic beverages, tobacco in any form, and drugs. I have read the forgoing, as well as the Athletic Handbook, and will abide by the principles and regulations contained therein.**
- I have read, understand, and agree to the General Eligibility Guidelines as outlined in the CHSAA Competitor’s Brochure as found on the CHSAA website (www.chsaa.org)
- Several media publication modes display items about CCHS sports. By signing this form I give my permission for my child to have his/her photo, name, image, or likeness appear in publications such as, but not limited to, all Canon City Schools publications, calendars, newsletters, pamphlets, website, newspaper, radio or television.
- I hereby give my consent for _____ to complete in athletics for CANON CITY HIGH SCHOOL, in CHSAA approved sports. (exceptions should be noted on an additional sheet and attached).

PARENT/GUARDIAN SIGNATURE _____

STUDENT SIGNATURE _____ **DATE** _____

CANON CITY HIGH SCHOOL ATHLETIC REGISTRATION Date _____

Last Name _____ First Name _____

Address _____ City, Zip _____

Parent/Guardian Name _____

Home Phone _____ Work _____ Cell _____

All Schools Attended Last Year _____

Grade _____ Are you registered as a full time student at CCHS? _____ YES _____ NO

If no, please explain _____

(for office use only)					
	Sport	Date Cleared	Ck # / Amt.	Elig Ck'd	
Fall					Physical Dated
Winter					
Spring					Emerg Med Card
IMPACT FORM _____					

PHYSICAL INFORMATION

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high schools sports (except as listed below).

DATE OF PHYSICAL _____

SIGNATURE OF PHYSICIAN _____

EXCEPTION _____

No student shall represent his school in interscholastic athletics, until there is on file with the superintendent or principal, a statement signed by his/her parent or legal guardian and practicing physician certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician he/she is physically fit to participate in high school athletics, and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician.

If a student athlete has been injured in practice and/or competition, and the nature of his/her injury requires medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.



Consent for ImPACT Testing and Release of Information

ATHLETE'S NAME: _____ SPORT: _____

I give my permission for the above-named student-athlete to have a computer-based neurocognitive test, known as ImPACT, administered at Canon City High School prior to participating in the upcoming sports season. I understand that my child will be re-tested should he/she sustain a concussion throughout the season. The pre- and post concussion tests will then be compared and the results will be used to evaluate return to play status. There is no charge for the testing.

I understand that Canon City High School may release the ImPACT results to the Canon City High School Concussion Program, my child's primary care physician, neurologist, neuropsychologist, or other treating physician as indicated below. Additionally, general information about the test data may be provided to my child's guidance counselor and teachers for purposes of providing temporary academic modifications, if necessary.

I understand that should my child experience the signs & symptoms indicative of a concussion, he/she will be required to:

- 1) Be evaluated and released by his/her primary care physician
- 2) Pass the ImPACT test
- 3) Have a normal physical and neurological examination prior to resuming sports or physical activity, including physical education classes.
- 4) Be cleared by the athletic training staff after all steps are completed. Athletes who have been cleared to return to activity will do so following a graduated return to activity after concussion protocol.

Parent/Guardian Signature & Date

I understand this protocol and agree to abide by it:

Athlete Signature & Date

Student-Athlete Information:

Athlete Name: _____ Date of Birth: _____

Name of Parent or Guardian: _____ Phone: _____

Name of Primary Care Physician: _____ Phone: _____

CANON CITY HIGH SCHOOL EMERGENCY MEDICAL FORM

DATE _____

PLEASE PRINT

STUDENT NAME _____ GRADE _____

BIRTHDATE _____ AGE _____ HOME PHONE _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

PHONE DURING DAY: FATHER'S _____ MOTHER'S _____
IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED

NOTIFY _____ AT _____
NAME PHONE

FAMILY DOCTOR _____ DR. PHONE _____

KNOWN

ALLERGIES _____

We, the undersigned, authorize officials of Fremont School District Re-1 to contact directly the persons named on this card, and authorize the named physicians to render such treatment deemed necessary in an emergency for the health and safety of the student. In the event physicians, other persons named on this card or parents cannot be contacted, school officials, emergency personnel or hospital physicians are authorized to take whatever action is necessary in their judgment, for the health and safety of the student. We will not hold the school district, emergency personnel or hospital physicians responsible for the emergency care and/or transportation for student.

Signatures of

Parents/Guardians _____
