

STEAMBOAT SPRINGS HIGH SCHOOL

2008-2009 START DATE CALENDAR

Please indicate the sports/activities you intend to participate in by placing an "X" in the INTENT column

| <u>FALL SPORTS</u> | <u>PRACTICE START</u> | <u>INTENT</u> |
|--------------------------|-----------------------|---------------|
| B. Golf | August 4 | _____ |
| B. Tennis | August 11 | _____ |
| Boys/Girls Cross Country | August 11 | _____ |
| Girls Volleyball | August 11 | _____ |
| Football | August 11 | _____ |
| Boys Soccer | August 11 | _____ |
| Girls Softball | August 11 | _____ |
| Dance Team | August 11 | _____ |
| Cheerleading | August 11 | _____ |

| <u>WINTER SPORTS</u> | <u>PRACTICE START</u> | <u>INTENT</u> |
|--------------------------|-----------------------|---------------|
| Boys Basketball | November 12 | _____ |
| Girls Basketball | November 12 | _____ |
| Wrestling | November 12 | _____ |
| Ice Hockey | November 12 | _____ |
| Boys/Girls Nordic Skiing | TBA | _____ |
| Boys/Girls Alpine Skiing | TBA | _____ |

| <u>SPRING SPORTS</u> | <u>PRACTICE START</u> | <u>INTENT</u> |
|----------------------|-----------------------|---------------|
| Boys/Girls Track | February 17 | _____ |
| Girls Soccer | February 17 | _____ |
| Girls Tennis | February 17 | _____ |
| Baseball | February 17 | _____ |
| Boys Lacrosse | February 17 | _____ |
| Girls Lacrosse | February 17 | _____ |

| <u>ONGOING</u> | <u>FIRST CONTEST</u> | <u>INTENT</u> |
|----------------|----------------------|---------------|
| Speech | October 1 | _____ |
| Band | TBA | _____ |
| Chorus | TBA | _____ |

STEAMBOAT SPRINGS SCHOOL DIST. RE-2
45 Maple
Steamboat Springs, CO 80487
970-879-1562

SENIOR HIGH SCHOOL

AUTHORIZATION FOR ATHLETIC PARTICIPATION

ATHLETE ROSTER

PLEASE PRINT

Name: _____

Mailing Address: _____

City: _____ State/Zip: _____

Home Phone : _____

Birthdate: _____ Sex: (M) (F) Grade (08-09 school year): _____

Name of Parent(s)/Legal Guardian:

(Print)

Home Phone (Mother): _____ (Father): _____

Work Phone (Mother): _____ (Father): _____

E-Mail: _____

Name of School you will be attending/2008-2009 School Year :

Previous School(s): _____

Name(s) - Last 12 months

Person Other Than Parent/Guardian To Contact In Case Of Emergency:

Name: _____

Address: _____

Phone (Home): _____ (Work): _____

Family Physician's Name: _____

PLEASE EXPLAIN ABOUT MEDICATIONS, ALLERGIES, MEDICAL PROBLEMS OF THE

ATHLETE: _____

PHYSICIAN'S 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_____."

Date of Examination: _____

Signed: _____

Date: _____ Phone: _____

PARENT OR LEGAL GUARDIAN PERMISSION

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, 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 the above information. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for the student named:

1. To represent his/her school in approved athletic activities except those specifically named in this booklet by the examining medical doctor.
2. To accompany any school team of which he/she is a member on its out-of-town trips. The athletes will be transported to and from all events on school district vehicles. Parents wishing to have their students ride with them when returning from an event must make arrangements with the coach in charge. Parents of students riding with anyone other than school district vehicles or themselves must fill out a waiver form before the student travels to or from an event.
3. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel.

I further agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the student named below in the proper course of such athletic activities or travel.

Date: _____ Signature: _____

parent/legal guardian

ATHLETIC INSURANCE WAIVER

I fully understand that the Steamboat Springs School District does not provide any accident or health coverage for my son/daughter while participating in interscholastic athletics. I fully understand that I must provide insurance coverage for my son/daughter.

Date: _____ Signature: _____

parent/legal guardian

My son/daughter is presently covered under a policy issued by:

(Name of Insurance Provider)

Policy Holder: _____

Policy Holder's SS#/ID#: _____

Policy #/Group #: _____

Insurance Comp. Claims address: _____

Claims phone # (usually an 800#): _____

STUDENT ACCIDENT/HEALTH INSURANCE

If your son/daughter has no other insurance you may choose from a variety of plans offered by the school district. Please check below and you will be contacted. PLEASE NOTE: All students who participate in the SSHS sports program must be covered by insurance.

PLEASE CHECK IF APPLICABLE

_____ I intend to enroll my son/daughter in the supplemental insurance program offered by an insurance company authorized by Steamboat Springs School District.

Signature: _____

parent/legal guardian