

JEFFERSON COUNTY SCHOOLS PARTICIPATION CONTRACT

The Jefferson County Schools have established certain rules by which the young men and women who participate in the interscholastic programs are required to abide. To eliminate any misunderstanding about these rules, please READ the following, SIGN and RETURN the form to the school.

1. The use or possession of tobacco, drugs, including steroids, drug paraphernalia, or alcoholic beverages in any form will not be tolerated, regardless of quantity. The following represent minimum sanctions for violation of this rule, and shall be served at the first possible contest following the infraction. In cases of greater severity, the responsible administrator may increase the sanction up to and including suspension from school and from all interscholastic participation. Observance of all training rules involving the use or possession of tobacco, alcohol, drug paraphernalia, drugs, including steroids, is a responsibility of the participant.
 - a. The first violation will result in a one contest suspension for sports with eleven or fewer contests. For sports with more than eleven contests, the sanction will be a two contest suspension. If suspension results in an athlete missing a tournament or a qualifying contest, required to advance in an individual sport, it shall count as two contests.
 - b. A second violation occurring at any time during a student's attendance in the Jefferson County Schools will result in a suspension from twice as many contests as are provided for the first violation. Where drugs, tobacco or alcohol are involved in both violations, the student must demonstrate evidence of participation in an alcohol or drug treatment program prior to returning to competition.
 - c. A third and any subsequent violation occurring at any time during a student's attendance in the Jefferson County Schools will result in suspension from all interscholastic athletics for one full year from the date of the infraction.
2. The following represent behavior expectations to be followed by the participant.
 - a. Participants are expected to conduct themselves in a commendable manner at all times in the school, the classroom, during interscholastic activities, and toward opponents, officials and spectators. The use of profane language is not acceptable and will not be tolerated.
 - b. There will be "zero tolerance" for assault upon, hazing, disorderly conduct toward, harassment of, intimidation of, discrimination against, or any criminal offense against another student or damage of property of another student.
 - c. Any behavior, on or off school property, which is detrimental to the welfare or safety of others will not be permitted.
3. Students who violate this participation contract out of season, including summer months, are subject to disciplinary action at the beginning of the next competitive season, for any sport in which they participate. This contract is in effect from the signing date until the student officially graduates or transfers to another school outside the District.

Participants who violate this contract may be required to attend all practices, if not suspended from school.

Additional References: Board Policy and Procedure JICH/JICH-R, JBC, JBB, JKDA/JKEA and the Student Conduct Code Book.

We have read the above rules and regulations and understand students will be governed by this contract while participating in the Jefferson County interscholastic programs.	
Signed _____	_____
Parent/Guardian	Date
Signed _____	_____
Student/Athlete	Grade

The athletic fee must be paid prior to the first contest. The required paperwork must be submitted prior to the first practice. Schools have the option to request earlier due dates. A full refund will be made to the athlete who is cut or quits before being involved in the sport through 15 calendar days. The refund must be claimed on or before the starting date of the next season.

Student Name:	Parent/Guardian:
Student's Jeffco ID #:	E-Mail:
Sport:	Home # Work#
Grade: 9 10 11 12 M / F (Circle appropriate grade level and gender)	Address:
Date Of Birth _____ Age _____	City: Zip:

List schools attended in the last 12 months: _____
List sports participated in, in the last 12 months: _____

**JEFFERSON COUNTY PUBLIC SCHOOLS
PARENT PERMISSION FOR ATHLETIC PARTICIPATION
2011-2012**

1. Before an athlete is permitted to participate in the Jefferson County athletic program this permission form must be signed for each sport and on file with the school.
2. The School District is relieved of any or all liability for accidents or injuries connected in any way with the competitive athletic program.
3. It is the responsibility of the parent or guardian to provide insurance protection for the athlete while participating in competitive athletics.
4. The School District makes available student insurance plans which offer coverage for any accident or injury resulting from participation in competitive athletics. This plan is available at your local school. (Check with your school athletics' director.)
5. Occasionally your son/daughter may travel to practice or a scheduled athletic event in student driven cars, if bus transportation cannot be scheduled. If you object to this procedure, please notify your high school athletics' director in writing.

NOTE: Although participation in supervised school athletic and activities programs are among the least hazardous events in which any student will engage, either in or out of school, the very nature of these school athletic and activities programs does create potential for injury. Parents should be aware that the chance of injury is present while students are participating in school activities and athletics and should understand this includes a risk of injury which may range in severity from minor, to long term catastrophic, up to and including death. Those parents who do not wish to expose their students to this possibility should not sign this permission form.

I hereby give my consent for _____ to compete (name of athlete)
in athletics for any Jeffco high school in Colorado High School Activities Association approved sports, except those crossed out below: Baseball, basketball, cheers/pom pons, cross country, field hockey, football, golf, gymnastics, ice hockey, lacrosse, skiing, soccer, softball, swimming, tennis, track, volleyball, wrestling.
Parent/Guardian Signature: _____ Date _____

Fee: **Fall** _____ **Winter** _____ **Spring** _____
 Ineligible, fall _____ **Regained** **Ineligible, spring** _____ **Regained**

ATHLETIC INSURANCE WAIVER

NOTE: I fully understand that the Jefferson County schools do 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 insurance coverage for my son/daughter.

Parent/Guardian Signature

Date

Name of Athlete

STUDENT PASSENGER OF PRIVATE VEHICLE TRANSPORTATION

I am aware that my student may be riding to practice and/or scheduled athletic/activities with an authorized 17 year or older driver who has a valid driver's license and is operating an auto which is insured and in good working condition. **Select one option below.**

_____ My student has permission to ride with an authorized **student or adult** driver.

_____ My student has permission to ride with adults **only** (age 21 or older)

_____ My student does not have permission to ride with an authorized driver.
I will provide transportation if the team does not take a bus.

Parent/Guardian Signature

Date

STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined _____ and that the student was found physically fit to engage in baseball, basketball, cheers/pom poms, cross country, field hockey, football, golf, gymnastics, ice hockey, lacrosse, skiing, soccer, softball, swimming, tennis, track, volleyball, and wrestling. (Please cross out any sport in which the student should **not** participate.)

DATE of PHYSICAL: _____ SIGNED: _____
(Valid 365 days unless rescinded) Physician, Physicians Asst. or Nurse Practitioner

SUMMARY INFORMATION FOR PHYSICIAN

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

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 ten years throughout life. Boosters are recommended at the time of major 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. A practicing physician must sign the physical examination form.

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

For the 2011-2012 School Year

DRIVER SPECIFICATIONS FOR PARENTS/STAFF/STUDENT DRIVERS

(Reference JJH-E-3)

This authorization is for driving student participants to practices or scheduled athletic events or activities by private vehicle. **(The district does not insure privately owned vehicles.)**

Any licensed driver may be authorized to drive participating students to scheduled school activities provided the conditions outlined below are met:

1. The vehicle being driven will be in good working condition.
2. All students must wear seat belts.
3. The vehicle has liability insurance coverage which meets the minimum standards of the Colorado Financial Responsibility Law.
4. The driver is at least 17 years of age or older.
5. The number of passengers carried shall not exceed the capacity of the vehicle and the state mandated laws.
6. Under 18 years of age, and driving less than 6 months, there will be no one under the age of 21 as a passenger.
7. Under 18 years of age, and driving less than one year and more than 6 months, there will be only one passenger under the age of 21.
 - a. Does not apply to a driver's immediate family.
8. **You cannot drive a vehicle carrying more than one passenger under age 21, unless you have held your driver license for at least one year.**

The insurance company providing coverage for my vehicle is:

Insurance Company Name

Policy #

I verify that the conditions outlined will be met by the vehicle used on this student travel experience.

Driver's Signature

Student's DOB

Driver's License Number

Date License Issued

Months

Signature of Driver's Parent/Guardian