





NAME			GRADE	GRADE		
	PLEASE CHECK ONE:	Returning AHS Student	Incoming Fr	reshmen		
Moved/Transfer Student	Name / Location of Previous Sch	ool				
Sport Not Offered at Ho	ome School – Name of Home Schoo	ol				
Foreign Exchange Studer	nt – Country					
ALL REC	QUIRED FORMS MUST BE CO	MPLETED AND TURNED IN B	EFORE FIRST PRACT	TICE / TRYOUT		
• Participation Contract • T	wo Emergency Cards • CURRENT	Sports Physical (valid for <u>I CALEN</u>	IDAR YEAR) • Athlet	ic Participation Fee - \$175 per spor		
	YOUR FEE HAS BEEN PAID/P	IE ATHLETIC OFFICE PRIOR T AYMENT PLAN ON FILE OR P ES MUST BE TURNED IN TO T	ROOF YOU HAVE B	EEN APPROVED FOR FREE O		
	PLEASE INDI	CATE THE SPORT(S) PARTIC	PATING IN			
Cheerleading	Emergency Cards	Poms	Emergency Cards	_		
• FALL SPORTS - First	Practice / Tryouts - August 14,	2017 Emer	gency Cards	Fee		
Cross Country B/G	Football	Golf B - First Pr	actice – August 7, 2017			
Soccer B	Softball	Volleyball	Tennis B			
	rst Practice / Tryouts – Novem	•				
Basketball – Boys	Basketball –	Girls Wrestling	Emergency Cards	Fee		
• SPRING SPORTS – Fir	st Practice / Tryouts – February	, 26, 2018	Emergency Cards	Fee		
Baseball	Golf G Soccer G	Tennis G	Track B/G			



JEFFERSON COUNTY SCHOOLS PARTICIPATION CONTRACT

Jeffco Schools have established certain rules by which students who participate in the interscholastic programs shall abide. Please READ the following, SIGN and RETURN the form to the school.

- 1. The use (lighting, chewing, smoking, inhaling, vaporizing, ingesting, injecting or application) or possession of drug paraphernalia, alcohol or any product that contains or is derived from tobacco, nicotine or steroids and is intended to be ingested, inhaled or applied to the skin of an individual 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 for sports with 11 or fewer contests will be a one contest suspension and for sports with more than 11 contests, the sanction will be a two contest suspension.
 - b. A second violation occurring at any time during a student's attendance in Jeffco Schools will result in a suspension from twice as many contests as were delivered for the first violation. Where drugs, tobacco or alcohol are involved in both violations, the student must also demonstrate evidence of successful participation in a treatment program prior to returning to competition.
 - c. A third and any subsequent violation occurring at any time during a student's attendance in Jeffco Schools will result in suspension from all interscholastic athletics for one full year from the occurrence date.
- Students must also meet the following behavior expectations. Violation of these expectations may result in game suspensions, code of conduct penalties, and/or removal from the team at the discretion of school administration.
 - 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 profanity 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.
 - Any behavior, on or off school property, which is detrimental to the welfare or safety of others will not be tolerated.
- 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 binding 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. I am aware of and I will abide by the guidelines in the CHSAA Competitors' Brochure located on the athletics web page or Chsaanow.com. I affirm my responsibility in preventing and reporting any bullying or hazing, as described in the Brochure. Students and parents are responsible for reading and understanding the Jeffco Athlete Handbook located on the Athletics & Activities web page at www.jeffcopublicschools.org

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		

T	1		
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:			
PARENT PERMISSION FOR	TY PUBLIC SCHOOLS ATHLETIC PARTICIPATION 17-18		
 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. The School District is relieved of any or all liability for accidents or injuries connected in any way with the competitive athletic program. It is the responsibility of the parent or guardian to provide insurance protection for the athlete while participating in competitive athletics. 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.) 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. 			
The athletic fee must be paid, and the require first practice. A full refund will be made to the involved in the sport through 15 calendar day the starting date of the next season. Payment	he athlete who is cut or quits before being		
I hereby give my consent for			
in athletics for any Jeffco high school in Co Association approved sports.	f athlete) olorado High School Activities		
Parent/Guardian Signature:	Date		

Fee:

Fall

□ Ineligible, fall Regained

Winter

□ Ineligible, spring

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 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 pons, 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: Physician, Physicians Asst. or Nurse Practitioner (Valid 365 days unless rescinded) SUMMARY INFORMATION FOR PHYSICIAN No pupil shall tryout or 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 2017-18 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.
- 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 <u>one</u> passenger <u>under</u> <u>age 21</u>, unless you have held your driver license for at least one year.

		Policy #
I verify that the conditions outline student travel experience.	ed will be met by the	vehicle used on this
Student Driver's Signature	Student's DOB	Driver's License Number

STUDENT PASSENGER OF PRIVATE VEHICLE TRANSPORTATION

I understand the driver specifications and restrictions from District Policy JJH-E-3 as listed above. 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

driver's license and is operating an auto which is in	nsured and in good working condition.
Select <u>one</u> option below.	
My student has permission to ride with	an authorized student or adult driver.
My student has permission to ride with	adults <u>only</u> (age 21 or older)
My student does not have permission t I will provide transportation if the tear	
Parent/Guardian Signature	Date



Arvada High School Athletics Player Expectations and Code of Conduct 2017-2018



Oi Pina

Player Expectations:

Code of Conduct:

Being an athlete is a privilege and not a right at Arvada High School. Each player, regardless of level of competition, will be held to a higher standard. Each player is expected to abide by the following:

- Classroom Conduct and Attendance- Student-Athletes are students first and athletes second. You are expected to attend all classes, on time. You are also expected to abide by school rules and bylaws and not be a disciplinary problem in any of the classes.
- Practice Attendance- Student-Athletes are expected to attend practice and team activities on a consistent basis. You will get out of your sport what you put in to it. Great teams are not always comprised of the most talented players, but the players that consistently outwork their opponents.
- Practice Behavior- Student-Athletes are expected to be a teammate to their peers. You are expected to push them to get better and encourage them through your journey as a team.
- Game Behavior- Student-Athletes are expected to represent Arvada High School at all times during games. This pertains to home and away games. When visiting schools you are expected to treat their building, faculty, and student athletes with respect and kindness.
- Citizenship- Student-Athletes are expected to be outstanding citizens to the Arvada community as well as the high school.
 You are a part of an elite fraternity and need to be mindful of your actions and language at all times.

If Student-Athletes do not meet the standards that have been set by the Athletic Department at Arvada High School repercussions involving dismissal from the team could result.

Specifically:

- Any player involved in a physical fight either at school, during practice or a game will serve an out of school suspension, game suspensions, and possible dismissal from the team. A reentry meeting with the Athletic Director, player, and coach will determine eligibility with the team.
- Any player involved in any form of social media hazing or bullying with either Arvada High School students or students that attend another school will be subject to potential school and/or game suspension.
- Any player who demonstrates unsportsmanlike conduct during an athletic contest, practice or games, is subject to game suspension(s) as seen fit by the Athletic Director or the coach.

	Odm !-
Dan Quaratino, Athletic Director	Gina Rivas, Principal
Student- Athlete	 Parent
Coach	

Sport:	Season:	Fall	Winter	Spring
JEFFERSON COUNTY SCH	OOLS' ATHLETIC EME	RGENCY	CARD	
Name of Athlete	This ca	rd is to be	filled out by Pare	ent or Guardian.
Please Print	,		,	
NAMEParent or Guardian (Print)	/ Signature		/	Date
ADDRESS	_			
E-MAIL				
POLICY NUMBER I				
FAMILY DOCTOR	PHONE			
RELATIVE (1)	PHONE: Home _		Business	
(or Authorized individual) (2)	PHONE: Home		Business	
In the event parent, family doctor, relative, or authorized i				
(1)		•		
IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, THE INJURED ATHLETE IN ACCORDANCE WITH THE FOLLOW guardian, or if these cannot be reached, for following the directions gives professional care with or without family permission. D. In cases of a new FOR EMERGENCY RESCUE AID – CALL 9-1-1	ING POLICIES: A. Caring for the non the athlete's emergency card. seed for emergency rescue aid a coarse	e athlete. B C. In extre	Notifying the athlet me cases, getting the ll 911. E . Complet	e's parents or athlete under e an accident report.
Jefferson County schools do not provide any accident or h interscholastic athletics. It is the parent/guardian's respon				g in
Significant Health Concerns Daily Medications: Emergency Medications: AUTHORIZATION FOR USE AND DISCL FOR STU			Form 46	-003500 Rev. 5-11
Athlete Name:	Age:		Date of Birt	h
School Name:				
Consent for Athletic Conditioning, Training, and I hereby give consent for my child to participate and to receive any necessary health care treatment treatment, which may be provided by treating phase Certified Athletic Trainers. The Certified Athletic information about my child to the school. In the permission for my child to be transported to receive Athletic Trainers do research in the prevention of not personally identify the individual student. The information that does not identify my child in such and the provided in the prevention of the personal provided by treating phase pha	in the school's athletic nt, including first aid, d sysicians, nurses and oth ic Trainers have my per event I cannot be reach eive necessary treatment f athletic injuries and us the Certified Athletic Tr	conditioniagnostic ner health rmissionned in an t. I unde se genera	e procedures and acare provider to release athle emergency, I restand that the alized information	nd medical s, including etic injury hereby give Certified tion that does
Parent or Guardian Signature		Date _	<u>-</u>	
This card is valid from August 1, 20 July 3 Note: If any changes in the above information of guardian as soon as possible. Revised 1-14		e comple	eted by the par	ent or

Sport:	Season:	Fall	Winter	Spring
JEFFERSON COUNTY SCH	OOLS' ATHLETIC EME	RGENCY	CARD	
Name of Athlete	This ca	rd is to be	filled out by Pare	ent or Guardian.
Please Print	,		,	
NAMEParent or Guardian (Print)	/ Signature		/	Date
ADDRESS	_			
E-MAIL				
POLICY NUMBER I				
FAMILY DOCTOR	PHONE			
RELATIVE (1)	PHONE: Home _		Business	
(or Authorized individual) (2)	PHONE: Home		Business	
In the event parent, family doctor, relative, or authorized i				
(1)		•		
IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, THE INJURED ATHLETE IN ACCORDANCE WITH THE FOLLOW guardian, or if these cannot be reached, for following the directions gives professional care with or without family permission. D. In cases of a new FOR EMERGENCY RESCUE AID – CALL 9-1-1	ING POLICIES: A. Caring for the non the athlete's emergency card. seed for emergency rescue aid a coarse	e athlete. B C. In extre	Notifying the athlet me cases, getting the ll 911. E . Complet	e's parents or athlete under e an accident report.
Jefferson County schools do not provide any accident or h interscholastic athletics. It is the parent/guardian's respon				g in
Significant Health Concerns Daily Medications: Emergency Medications: AUTHORIZATION FOR USE AND DISCL FOR STU			Form 46	-003500 Rev. 5-11
Athlete Name:	Age:		Date of Birt	h
School Name:				
Consent for Athletic Conditioning, Training, and I hereby give consent for my child to participate and to receive any necessary health care treatment treatment, which may be provided by treating phase Certified Athletic Trainers. The Certified Athletic information about my child to the school. In the permission for my child to be transported to receive Athletic Trainers do research in the prevention of not personally identify the individual student. The information that does not identify my child in such and the provided in the prevention of the personal provided by treating phase pha	in the school's athletic nt, including first aid, d sysicians, nurses and oth ic Trainers have my per event I cannot be reach eive necessary treatment f athletic injuries and us the Certified Athletic Tr	conditioniagnostic ner health rmissionned in an t. I unde se genera	e procedures and acare provider to release athle emergency, I restand that the alized information	nd medical s, including etic injury hereby give Certified tion that does
Parent or Guardian Signature		Date _	<u>-</u>	
This card is valid from August 1, 20 July 3 Note: If any changes in the above information of guardian as soon as possible. Revised 1-14		e comple	eted by the par	ent or