

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.
2. 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.**
 - c. Any behavior, on or off school property, which is detrimental to the welfare or safety of others will not be tolerated.
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 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

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 2017-18

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.

The athletic fee must be paid, and the required paperwork must be submitted, prior to the first practice. 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. Payment plan arrangements can be made upon request.	
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.	
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

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 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.
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.

Student Driver's Signature

Student's DOB

Driver's License Number

Date License Issued

Months

Signature of Driver's Parent/Guardian

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.

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