

# CASTLE ROCK HIGH SCHOOL ATHLETIC REGISTRATION FORM

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Student Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Address (if different from student) \_\_\_\_\_

Person(s) with whom student resides if other than parent/guardian \_\_\_\_\_

## ATHLETIC ELIGIBILITY – WIAA Standards

Please answer the following questions pertaining to athletic eligibility..

- yes no The above student is under 20 years of age.  
yes no The above student resides within the boundaries of the Castle Rock School District.  
yes no The above student resides with their parents/legal guardians.  
yes no The above student was in attendance in school and received semester grades for the previous semester.  
yes no The above student has met the WIAA previous semester standards.  
yes no The above student is presently enrolled in a **minimum of five (5)** full credit classes at Castle Rock High School.  
yes no The above student is participating in the Running Start program (Coaches must verbally be notified and the WIAA Running Start Form must be filled out).  
yes no **If transferring to Castle Rock School District, the above student left previous school as an eligible athlete in good standing (e.g., void of athletic code violations, school suspensions, scholastic ineligibility, etc).**

School attended **last year** \_\_\_\_\_ from (month/year)\_\_\_\_/\_\_\_\_ to\_\_\_\_/\_\_\_\_

Student **INITIALS:** \_\_\_\_\_

Parent **INITIALS:** \_\_\_\_\_

## INSURANCE

I understand medical insurance is required and dental insurance is strongly recommended for my son/daughter while participating in school sponsored athletics. I acknowledge, in case of injury to my son/daughter, the cost of treatment is my responsibility.

\_\_\_\_\_ I have adequate insurance coverage (\$25,000 minimum) with \_\_\_\_\_ (name of insurance carrier) Account Number \_\_\_\_\_

\_\_\_\_\_ I do not have adequate insurance coverage and would like to cover my son/daughter through the Student Insurance Program offered through the Castle Rock School District. I understand it is my responsibility to obtain the necessary form from the high school ASB office and pay for coverage.

***I understand that my son/daughter must be covered by insurance before they can participate in a sport offered through the Castle Rock School District.***

Parent **INITIALS:** \_\_\_\_\_

## PARENT CONSENT/ASSUMPTION OF RISK

Participation in athletics in the Castle Rock School District is a voluntary, extra-curricular activity. Participation in athletic events can result in an injury of some type. The severity of such injury can range from minor cuts, scrapes, muscle strains or broken bones to catastrophic injury, such as complete paralysis or even death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury.

In consideration of the above warning and assumption of risk, I give permission for my son/daughter, \_\_\_\_\_, to participate in the Athletic Programs in the Castle Rock School District and to engage in all activities related to their participation.

Parent **INITIALS:** \_\_\_\_\_ ***continued on back***

**CONCUSSION/CARDIAC ARREST (SCA) - PARENT AND STUDENT CONSENT/ASSUMPTION OF RISK:**

\_\_\_\_\_ Player and parent education in this concussion and sudden cardiac arrest area is crucial and is the reason we are asking you to sign that you have read the **Castle Rock School District Concussion Recognition and Sudden Cardiac Arrest Awareness Form** (separate, two-sided sheet of paper) which outlines symptoms of both of these conditions.

Student **INITIALS:** \_\_\_\_\_

Parent **INITIALS:** \_\_\_\_\_

**PHYSICAL EXAM AND ATHLETIC CODE**

\_\_\_\_\_ I have read and accepted the recommendations by the examining Physician during my child's last physical.

\_\_\_\_\_ To the best of my knowledge, my son/daughter has no serious injury/illness since his/her last physical examination.

\_\_\_\_\_ Acknowledge that we, the student and parents, have received and read a copy of the Castle Rock School District Athletic/Activity Handbook and understand the implications of the rules and regulations governing WIAA activity/athletic participation, including the discipline steps outlined in the Athlete's Code, and agree to abide by the rules/regulations covered in it.

Student **INITIALS:** \_\_\_\_\_

Parent **INITIALS:** \_\_\_\_\_

**TRANSPORTATION APPROVAL**

Student/Athlete's Name: \_\_\_\_\_ *has my permission*  
to be transported to and/or from a school event by a district approved driver.

Parent/Guardian **INITIALS:** \_\_\_\_\_

**By signing below, I acknowledge reading all of the information above.**

**PARENT SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_