

# RMCA Athletic Participation Form

Please complete form in its entirety or participation may be delayed or denied

## SECTION I: ATHLETE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sport \_\_\_\_\_ Fall \_\_\_ Winter \_\_\_ Spring \_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Chronic Ailments: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

## SECTION II: TRANSFER INFORMATION

Date you first attended *any* middle school \_\_\_\_\_ Date you started at RMCA School \_\_\_\_\_

List any middle schools besides RMCA you attended and dates: \_\_\_\_\_

Did you participate in sports in your previous school? \_\_\_\_\_

If yes, what sports and level? \_\_\_\_\_

## SECTION III: SCHOOL DISTRICT 49 ATHLETIC/ACTIVITY INSURANCE WAIVER

This statement releases the District No. 49 schools including RMCA of responsibility in case of accident to my son/daughter while he/she is participating in interscholastic or intramural activities. I fully understand that RMCA does not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic or intramural activities. I further understand that it is my responsibility to provide accident insurance for my son/daughter. Please check one of the appropriate boxes:

\_\_\_\_\_ I have medical insurance coverage:

**\*\*Company:** \_\_\_\_\_

\_\_\_\_\_ I do not have insurance and will assume all responsibility for payment of expenses incurred in the event of injury

## SECTION V: PARTICIPATION WARNING:

Although participation in supervised interscholastic or intramural athletics may not be considered hazardous, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC OR INTRAMURAL ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC.** Although serious injuries are not common in supervised school programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.** By signing this form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give my consent for \_\_\_\_\_ to compete in athletics for RMCA, in the Colorado High School Activities Association approved sports or other RMCA sanctioned athletics except those crossed out below.

**Baseball, Basketball, Cheer, Cross Country, Football, Golf, Softball, Tennis, Track and Field, Wrestling, Volleyball, Soccer**

In consideration of my son's/daughter's opportunity to participate in interscholastic or intramural activities, I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic or intramural activity team or group, and hereby waive on behalf of myself and the above named child any liability of School District No. 49 and RMCA, any of its agents or employees, arising out of such medical treatment.

DATE: \_\_\_\_\_ PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_

**Your signature indicates you have read the RMCA Student Handbook and understand the policies.**

For office Use Only

Fees: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Received by: \_\_\_\_\_

Schedule: \_\_\_\_\_ Transcript \_\_\_\_\_ Semesters \_\_\_\_\_ Out of District: \_\_\_\_\_ Home-School \_\_\_\_\_

Physical Date: \_\_\_\_\_

