



# AURORA PUBLIC SCHOOLS ATHLETICS AND ACTIVITIES

## MIDDLE SCHOOL/P-8 ATHLETIC REGISTRATION

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First)

Gender: [ ] Female [ ] Male

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Sport #1 \_\_\_\_\_

Sport #2 \_\_\_\_\_

Sport #3 \_\_\_\_\_

Sport #4 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile/Cell Phone: \_\_\_\_\_  
(xxx) xxx - xxxx (xxx) xxx - xxxx

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last) (First) (xxx) xxx - xxxx

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last) (First) (xxx) xxx - xxxx

School you are attending this year \_\_\_\_\_ School Year \_\_\_\_\_

### PARENT/GUARDIAN PERMISSION

I/We understand that there is a risk of (student) \_\_\_\_\_ being injured that is inherent in all sports. I/We realize the risk of injury may be severe, including, but not limited to, fractures, brain injuries, paralysis, or even death, and we release and discharge Aurora Public Schools, their agents, employees, and directors from any and all liability for such injury resulting, directly or indirectly, from such participation. We further recognize and agree that Aurora Public Schools do not waive their defenses provided by the Colorado Governmental Immunity Act.

I hereby give my permission for (student) \_\_\_\_\_ to participate in the Aurora Public Schools Athletic Program.

STUDENT NAME	SCHOOL	GRADE

  

PARENT/GUARDIAN SIGNATURE	DATE

In case of an accident or serious illness, please provide the name and telephone number of a person who can be contacted at a time when the parent(s) or guardian(s) cannot be reached.

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>For Office Use Only</b>	Physical Exam Date: _____	Parent/Guardian Permit _____	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Insurance: _____	Fee Paid: _____	Other: _____

# Sportsmanship Pledge

## For Players and Parents

This Pledge summarizes important elements of the youth sports experience and sets out your commitment to Sportsmanship and Fair Play. Signing it is a condition of your participation in the APS Athletic Programs.

### Student-Athlete Pledge

As a student-athlete, I am a role model. I understand the spirit of fair play and will treat my opponents and the game officials with respect at all times. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my team and my school, and hereby accept the responsibility and privilege of representing this school and community as a student-athlete for APS.

### The Parent Pledge

As a parent, I acknowledge that I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for students. I know that my attendance at all events is a privilege and I will always display actions that demonstrate a respect for this privilege. I will exhibit positive sporting behavior towards all players, coaches, other spectators, and the officials. I will participate in cheers that support, encourage and uplift the teams involved. I understand the spirit of fair play and that good sportsmanship is expected by our team and our school. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student-athlete in APS.

Parent Signature \_\_\_\_\_ Student-Athlete Signature \_\_\_\_\_

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### APS ANTI-HAZING POLICY

Students at any APS Middle/P-8 School earn the privilege to participate in our numerous co-curricular activities through the consistency of their efforts and the quality of their performance. Student initiations, hazing, personal servitude, and similar student-to-student, seniority-based activities are specifically prohibited by State Law, Board of Education Policy, and the Student Code of Conduct. Violations of this directive shall result in severe disciplinary action by the school administration and may result in the loss and privilege to participate in our extra- and co-curricular activities.

APS strictly **prohibits** bullying, hazing, intimidation, or threats. I understand that hazing of any type is not permitted in any APS sanctioned activity. I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.

By signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also understand that any violation of this could result in school or team consequences that could include dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.

Student/Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

# AURORA PUBLIC SCHOOLS ATHLETICS AND ACTIVITIES INSURANCE WAIVER

TO PARENTS/GUARDIANS OF ALL STUDENT ATHLETES:

Although participation in interscholastic athletics is completely voluntary, by its nature, many forms of athletic competition may result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury. Participation in any interscholastic activity includes a risk of injury which may range in severity from minor to long-term catastrophic injury or even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By signing this statement, I/we release Aurora Public Schools of financial responsibility in case of accident/injury to my son/daughter while participating in interscholastic activities. I fully understand Aurora Public Schools does not provide accident or health insurance coverage for my son/daughter while participating in interscholastic activities. However, accident insurance is made available by the school district through an authorized agent at my cost. I further understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

## OPTIONS (Please check one and sign below):

- I have current health insurance for my student athlete. Insurance provider: \_\_\_\_\_
- I am purchasing student accident insurance for my student through the authorized agent for the school district. Information on student accident insurance can be obtained from your school.
- My student is covered by Military insurance. Identification number: \_\_\_\_\_
- I do not have accident or health insurance coverage for my student. I fully understand that I am responsible for any medical bills related to his/her participation in interscholastic activities while representing Aurora Public Schools.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*This form is valid for the entire school year for which it is signed. Please promptly notify the athletic administration at your student's school of any changes in coverage that may occur during the school year.

## TRANSPORTATION AWARENESS

### **Consent and Release**

The Aurora Public School District (the "District") provides District transportation for students to and from a great many activities, events, matches and games. However, the District is unable to provide District transportation in all circumstances and to all events. When District transportation is not available, it is the student's/parent's/guardian's responsibility to provide or arrange for their student's transportation to and from the event.

When District transportation is not available and other alternative forms of transportation are utilized, the District cannot and does not assume any responsibility for the safety, training of drivers, condition of vehicles, adequacy for the use or purpose intended or any other matters related to any non-District transportation.

Therefore, we, the parent/guardian and student, hereby acknowledge, agree and understand that the District does not insure, endorse, approve or sponsor any form of non-District transportation, whether by parents, students or otherwise, to and from District off-campus activities or events. We further acknowledge it is our responsibility to provide or arrange for our/my child's transportation to District events when District transportation is not available. As such we consent to our child's use of alternative means of transportation, including private vehicles driven by us, another adult, another student, and, if applicable, consent to our child's use of vehicle to transport himself/herself to off-campus events.



Consent for Emergency Treatment and Medical Information

\*This information is confidential and is intended for use by authorized school officials only\*

Student name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Male Grade: \_\_\_\_\_

Sport #1 \_\_\_\_\_ Sport #2 \_\_\_\_\_ Sport #3 \_\_\_\_\_ Sport #4 \_\_\_\_\_

**Father/Guardian**

**Mother/Guardian**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact (if parent/guardian is not available)**

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Alt Phone: \_\_\_\_\_

**Student Health Information**

Primary Care Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Please list any medical/health problems (asthma, diabetes, epilepsy, heart conditions, seizures, etc)

History of Concussion - (Please list dates) \_\_\_\_\_

Please list any known allergies (including medications, food, latex, stings, etc...)

Medications taken daily \_\_\_\_\_

Hospital (preference) \_\_\_\_\_

In consideration of my child's opportunity to participate in interscholastic activities, I hereby consent to emergency medical treatment, hospitalization or other necessary health care treatment, including first aid, diagnostic procedures and medical treatment, as may be necessary for the welfare of my child, by a physician, qualified nurse, certified athletic trainer, 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 activity team or group, and hereby waive on behalf of myself and my child any liability of the school district, any agents or employees, arising out of such medical treatment. I also give permission to the Certified Athletic Trainer to release athletic injury information about my student to the appropriate medical staff and necessary APS school personnel in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

**Parent/Guardian Signature**

**Date**

\*This information page is valid for 1 school-year. If any changes in the above information occur, a new page must be completed by the parent/guardian and returned to the athletic department as soon as possible.