



# PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date \_\_\_\_\_ Exp. Date (good for 365 days) \_\_\_\_\_

### PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

**PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.**

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.** By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for \_\_\_\_\_ to compete in athletics for High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the Competitor's Brochure.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to the General Eligibility Guidelines as outlined in the Competitor's Brochure.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

**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 10 years throughout life. Boosters are recommended at the time of 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. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

**NOTE:** The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

**PHYSICIAN SIGNATURE REQUIRED ON BACK**

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

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

Date of birth: \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

| EXAMINATION   |         |  |
|---|---------|--|
| Height:   | Weight: |  |
| BP: / ( / )   | Pulse:  | Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL   | NORMAL  | ABNORMAL FINDINGS  |
| Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul> |         |  |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>  |         |  |
| Lymph nodes   |         |  |
| Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>  |         |  |
| Lungs   |         |  |
| Abdomen   |         |  |
| Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>   |         |  |
| Neurological  |         |  |
| MUSCULOSKELETAL   | NORMAL  | ABNORMAL FINDINGS  |
| Neck  |         |  |
| Back  |         |  |
| Shoulder and arm  |         |  |
| Elbow and forearm   |         |  |
| Wrist, hand, and fingers  |         |  |
| Hip and thigh   |         |  |
| Knee  |         |  |
| Leg and ankle   |         |  |
| Foot and toes   |         |  |
| Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>   |         |  |

\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

**■ PREPARTICIPATION PHYSICAL EVALUATION  
MEDICAL ELIGIBILITY FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_

- Medically eligible for certain sports

\_\_\_\_\_

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

**SHARED EMERGENCY INFORMATION**

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

\_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

\_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

\_\_\_\_\_

\_\_\_\_\_

**Patient Health Questionnaire Version 4 (PHQ-4)**  
*Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)*

|   | Not at all | Several days | Over half the days | Nearly every day |
|---|------------|--------------|--------------------|------------------|
| Feeling nervous, anxious, or on edge        | 0          | 1            | 2                  | 3                |
| Not being able to stop or control worrying  | 0          | 1            | 2                  | 3                |
| Little interest or pleasure in doing things | 0          | 1            | 2                  | 3                |
| Feeling down, depressed, or hopeless        | 0          | 1            | 2                  | 3                |

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS<br>(Explain "Yes" answers at the end of this form.<br>Circle questions if you don't know the answer.) |  |  | Yes | No |
|---|--|--|-----|----|
| 1. Do you have any concerns that you would like to discuss with your provider?  |  |  |     |    |
| 2. Has a provider ever denied or restricted your participation in sports for any reason?                                |  |  |     |    |
| 3. Do you have any ongoing medical issues or recent illness?  |  |  |     |    |
| HEART HEALTH QUESTIONS ABOUT YOU  |  |  | Yes | No |
| 4. Have you ever passed out or nearly passed out during or after exercise?  |  |  |     |    |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?                            |  |  |     |    |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?                   |  |  |     |    |
| 7. Has a doctor ever told you that you have any heart problems?   |  |  |     |    |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.       |  |  |     |    |

| HEART HEALTH QUESTIONS ABOUT YOU<br>(CONTINUED)   |  |  | Yes | No |
|---|--|--|-----|----|
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise?   |  |  |     |    |
| 10. Have you ever had a seizure?  |  |  |     |    |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  |  |  | Yes | No |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?  |  |  |     |    |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? |  |  |     |    |
| 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?  |  |  |     |    |

| BONE AND JOINT QUESTIONS  | Yes | No |
|---|-----|----|
| 14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?        |     |    |
| 15. Do you have a bone, muscle, ligament, or joint injury that bothers you?   |     |    |
| MEDICAL QUESTIONS   | Yes | No |
| 16. Do you cough, wheeze, or have difficulty breathing during or after exercise?  |     |    |
| 17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?  |     |    |
| 18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?  |     |    |
| 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?  |     |    |
| 20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?   |     |    |
| 21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? |     |    |
| 22. Have you ever become ill while exercising in the heat?  |     |    |
| 23. Do you or does someone in your family have sickle cell trait or disease?  |     |    |
| 24. Have you ever had or do you have any problems with your eyes or vision?   |     |    |

| MEDICAL QUESTIONS (CONTINUED)  | Yes | No |
|--|-----|----|
| 25. Do you worry about your weight?  |     |    |
| 26. Are you trying to or has anyone recommended that you gain or lose weight?        |     |    |
| 27. Are you on a special diet or do you avoid certain types of foods or food groups? |     |    |
| 28. Have you ever had an eating disorder?  |     |    |
| FEMALES ONLY   | Yes | No |
| 29. Have you ever had a menstrual period?  |     |    |
| 30. How old were you when you had your first menstrual period?                       |     |    |
| 31. When was your most recent menstrual period?                                      |     |    |
| 32. How many periods have you had in the past 12 months?                             |     |    |

Explain "Yes" answers here.

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### COVID-19

- A current physical MUST be on file. CHSAA recommends this PPE form.
  - COVID-19 specific questions should be included in the physical screening to include:
    1. Have you tested positive for COVID-19?
    2. Have you had any known exposure to a COVID-19 positive individual?
    3. Have you been tested for COVID-19?
    4. Have you had any new onset of cough or shortness of breath?
    5. Have you experienced any recent temperature greater than 100.3°
  - The most recent medical evidence recommends consideration of cardiac testing if a student athlete has previously tested positive for COVID-19. This should be discussed with the team physician on a case-by-case basis.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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

## **Peyton Athletic and Activity Philosophy**

**Athlete's Name:** \_\_\_\_\_

Peyton Junior-Senior High School officials, coaches of athletic teams, and sponsors of activities believe students who are members of teams, squads, performing groups, clubs, and other school organizations should conduct themselves as responsible representatives of Peyton Schools. Members of teams and organizations must demonstrate appropriate academic commitment, which is expected from all students. As recognized representatives of Peyton High School, members are expected to exhibit appropriate behavior in and out of season, in or out of uniform, on or off campus.

Peyton School District has as its primary goal the academic education of all students. Therefore each coach or sponsor has the obligation to encourage students to perform within reasonable academic standards.

Peyton Junior-Senior High School strongly disapproves of student staying home on school days to rest for events that day or night. The school administration reserved the right to limit or exclude students from participation in cases of non-attendance at school or non-attendance of practice.

Students who are in attendance during the school day are expected to notify their coach(es) of any reason they will not be at practice, including missing practice for academic reasons. In some cases, missing practice for academic reasons may affect participation should it impact the preparation of the athlete and/or team for the coming competition.

School officials are not expected to police off campus, non-school activities. However, illegal activities brought to the school's attention may result in suspension and/or removal from extra-curricular activities.

Each coach or sponsor has the prerogative to establish additional and/or sport specific rules. These rules may include attendance at practices and general conduct during practice, contests, and travel.

All students' use and/or possession of tobacco, alcohol, non-prescribed drugs, controlled substances, or drug paraphernalia will not be tolerated and will be subject to disciplinary action.

Students suspended from school will not be allowed to participate in activities or athletics while they are on suspension.

Parent and student signatures acknowledge they have read the Peyton Athletic and Activity Philosophy.

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

## WARNING TO STUDENTS AND PARENTS

### ***SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.***

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL ACCIDENTS may occur.

Many forms of athletic competition 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.

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. Just as driving an automobile involves choice of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

Instruction: Sign two copies, retain one for your records, and return the other to your school.

**Instruction: If you would like a copy for your records, please make a second copy for yourself**

Student's name: \_\_\_\_\_ Sport(s): \_\_\_\_\_

***This will acknowledge that we have read and understand the material contained in the WARNING TO ATHLETES AND PARENTS OR GUARDIANS.***

Signed (Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Student): \_\_\_\_\_ Date: \_\_\_\_\_



# PARENT & STUDENT INFORMATION

### 15. Awards (2010)

Individuals participating in any interscholastic athletic/activity sponsored and/or approved by the Association shall not accept cash or merchandise awards. Awards must be symbolic in nature with no functional or intrinsic value with a cost of no more than \$100.00.

### 16. Amateur (2000)

If a student participates in a CHSAA approved sport, in other than CHSAA competition, his/her amateur status is determined by the rules of the amateur governing body of that sport. Amateur status of Colorado high school athletes applies only to sports sanctioned by the CHSAA.

### 17. Bullying & Hazing (1710.2)

The Colorado High School Activities Association, in conjunction with its member school, prohibits bullying,

hazing, intimidation or threats. Hazing includes humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in any CHSAA 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.

*After reviewing the above information, if you still have questions, please contact your school's athletic director. This list is by no means inclusive; however, it is intended to outline the most common questions and bylaws. For more information, please visit our website CHSAANow.com.*

## Checklist for Student Eligibility

*If a student cannot check any of the items, he/she needs to contact the athletic director or principal.*

- |   |   |
|---|---|
| <input type="checkbox"/> At least 5 full credit classes.  | <input type="checkbox"/> Has not been in high school longer than 8 consecutive semesters.   |
| <input type="checkbox"/> Will abide by the rules as outlined and/or defined by school's academic plan.                    | <input type="checkbox"/> Will not play more than 4 seasons in any sport.  |
| <input type="checkbox"/> Physical exam within the last calendar year.   | <input type="checkbox"/> Will not compete or practice in any non-school events in my sport once reporting out for the team, without the permission of my principal. |
| <input type="checkbox"/> Parent permit form on file at the school.  | <input type="checkbox"/> Has complied with all other school, district, and local eligibility requirements.  |
| <input type="checkbox"/> Have not changed schools during the current school year without a corresponding move by parents. |   |
| <input type="checkbox"/> Will not or have not turned 19 before August 1.  |   |

I have read and understand the CHSAA Eligibility Rules as documented here as well as specifically read in the CHSAA Bylaws. I understand and acknowledge the inherent risks of participating in Athletics & Activities, INCLUDING THE RISK OF CORONAVIRUS DISEASE 2019 (COVID-19), and by signing this acknowledgement, I affirm my responsibility to prevent and report hazing, to report positive COVID-19 cases, and to ONLY PARTICIPATE WHEN HEALTHY. 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.

The CHSAA retains athletic trainers for all Championship events. By signing below, you agree to allow CHSAA's on-site athletic trainer to administer medical attention as needed and to communicate follow-up care to your student-athlete, school coaches, school athletic trainers and/or parents.

Signed: \_\_\_\_\_ (Parent) \_\_\_\_\_ (Participant)  
\_\_\_\_\_ (School) \_\_\_\_\_ (Date)





# CHSAA NEWS PARENT-STUDENT INFORMATION

Welcome to the 2020-2021 school year!

Participation in educational athletics and activities is a privilege that is earned in the classroom as well as on the playing field, court and stage. The CHSAA encourages all students to engage and explore in sports and activities of their choosing to enhance and enrich their high school experience. Parents are also encouraged to contribute to this experience through their positive support and encouragement. Please remember that with that participation comes the accountability of earning the privilege to take part.

**\*Per Bylaw 1800.54, CHSAA requires that all information provided regarding any aspect of the eligibility of a student must be true, correct, accurate, complete and/or not false; penalty for providing false information is ineligibility and/or contest forfeitures.**

A student's participation in high school activities is dependent on his/her eligibility. Protect that eligibility. Read the following summary of Colorado High School Activities Association rules that govern a student's participation. Students and parents alike need to review these rules and ask questions of their coaches/directors, athletic director and school administrators.

**\*\*Per Bylaw 1710.1, Please review the following information and acknowledge your understanding of the CHSAA Bylaws by signing at the end and submitting to your School's Athletic Director. Click the blue underlined links to be directed to the CHSAA Bylaws.**

## The CHSAA

The Colorado High School Activities Association has been the governing body of high school athletics and activities (speech, student council and music) in the state since 1921. CHSAA's Code of Ethics is integral to its Mission and Vision. The student's school is a voluntary member of the CHSAA and has agreed to follow its rules. Both your school and the Association believe in equal competition among schools and the close relationship between academics and activities.

### Discrimination (300)

A student-participant will not participate in or condone unfair discriminatory practices against a fellow participant due to age, gender, race, ethnicity, religion, sexual orientation, or disability, nor shall the student be discriminated against under the same criteria.

## The CHSAA Rules of Participation

### Academic (1710)

A school must select one of three options for determining the eligibility of all its students, and schools have the right to impose stricter academic and behavioral standards.

### Make-up Work (1740)

Each student must be academically eligible in accordance with the above section at the time of participation and during the previous semester. Make-up work shall not be permitted after the close of the semester for the purpose of becoming eligible. (Cases involving special circumstances should be referred to your principal). If eligibility has been lost from a previous semester, students may regain their athletic eligibility per the "Fall Regain Dates" Table in the Bylaws, and on the Monday of Week 36 for the second semester.

Summer school credits accepted by the school may be used to replace credits in subjects failed during previous semesters as long as the course is completed by the Monday of Week 9. Dropping a class may make you ineligible. If you play while ineligible, you may cause your team to forfeit any contests in which you played.

### 1. Citizenship (1710)

The school principal must approve the student to be representative of the school's standards of citizenship, conduct and sportsmanship.

### 2. Conduct - Ejections (2200)

If a student is ejected from a contest for unsportsmanlike conduct, he/she will be ineligible for the next scheduled match or contest played at that level including qualifying and state contests. The student may not participate in any contests at any other level during this period. For the season, the student will be permitted to compete in one fewer contest than the maximum allowed each participant in the sport.

A second ejection during the season shall result in a 2 contest suspension. A third ejection will result in a review of the student's future eligibility by the CHSAA Commissioner.

If a student is ejected in the final contest of a season, he/she is ineligible for the first contest of the next sport in which he/she competes and completes the season. Players leaving the bench during a fight shall be ejected and ineligible for the next contest.

### 3. Outside Competition (2100.2)

As a member of any high school team, a student may practice or compete in that sport during that sport season in a non-school event with prior written permission of the principal.

Members of high school teams may compete in non-school events in that sport without written permission on the day following the completion of the season for the level (freshman, sophomore, junior varsity, varsity) of the team on which they are

## Peyton Athlete Information

Athelete Name

Date of Birth

Address

Known Allergies

Mother's Name

Mother's Cell

Mother's Home Phone

Mother's Work Phone

Father's Name

Father's Cell

Father's Home Phone

Father's Work Phone

### Emergency Contact if Parents Not Available

Emergency Contact Name

Emergency Contact Cell

Relationship to athlete

Emergency Contact Home Phone

Emergency Contact Work Phone

### Insurance Information

All students who go out for athletics at Peyton School must have health insurance in order to participate in sports. The school has an accident insurance available for the students if the parent/guardian does not have health insurance. If you are interested in the school insurance, please contact the school. If your child is going to participate in athletics, we must have the name of your insurance company and your policy number on file.

Insurance Company

Policy Number

Preferred Hospital