

# **Sports Registration Check List**

The following completed paperwork will need to be turned into the **ATHLETIC OFFICE** during registration dates for participation in a sport and 1<sup>st</sup> day of practice.

## **Physical – Must Be Current Year**

- Physical Examination and Parent Permit for Athletic Participation – Part 1a
- Part II – Medical History and Part III Physical Examination

## **Contract**

- Parent or Guardian Permit and Statement of Training Rules

## **Additional Required Forms**

- Student Eligibility Information Form/Athletic Insurance Wavier
- ImPACT Consent Form
- Signature Page – 2015-2016 Parent Handbook for Athletics

## **Students Transferring into PRHS From Other Schools or Out of State**

- CHSAA Form 7 – Transfer Contact Information
- CHSAA Form 9 – Transfer Waiver Form – to be obtained from Athletic Office
- CHSAA Form 11 – Varsity and Sub Varsity International Student Waiver Form (for Exchange Students)

## **SPORT PARTICIPATION FEE**

- **Please check PRHS Athletic Web Page for Sport Fees and Registration Dates**



## 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**

**PART II -- MEDICAL HISTORY**

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

MEDICAL HISTORY OF STUDENT & FAMILY				YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY				YES	NO
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	32.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>				
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>				
3.	Are you currently taking any prescription or non-prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>				
4.	Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Date of last head injury or concussion:						
5.	Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36.	Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>				
6.	Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37.	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>				
7.	Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>				
8.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
9.	Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>				
10.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>				
11.	Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection			42.	When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>				
12.	Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>				
13.	Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	44.	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>				
14.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>				
15.	Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>				
16.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	47.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>				
17.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	48.	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>				
18.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	49.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>				
19.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	50.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>				
20.	Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	51.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>				
21.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	52.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>				
22.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	53.	What is the date of your last Tetanus immunization? Date: _____						
23.	Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>		<b>FEMALES ONLY</b>						
24.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	54.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>				
25.	Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	55.	Age when you had your first menstrual period?						
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	56.	How many periods have you had in the last 12 months?						
27.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	57.	Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>				
28.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Explain "Yes" answers here:</b>							
29.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>								
30.	Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>								
31.	Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>								

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

Athlete's Signature: \_\_\_\_\_

**PART III -- PHYSICAL EXAMINATION**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Tanner Stage or Maturation Index? (males only): \_\_\_\_\_ BP: \_\_\_\_\_

\*Percent Body Fat: \_\_\_\_\_ Pulse: \*(rest) \_\_\_\_\_

\*Audiogram \_\_\_\_\_ \*(Exercise) \_\_\_\_\_

\* Vision: Corrected: (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \*(Recovery) \_\_\_\_\_

Uncorrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \*FEV or Peak Flow (rest) \_\_\_\_\_

\*(Exercise) \_\_\_\_\_ \*(Recovery) \_\_\_\_\_

	N	Abnormal		N	Abnormal
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsych Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

**\*WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

**^WITH SPECIAL INDICATIONS**

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

**I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.**

- ☐ **CLEARED WITHOUT RESTRICTIONS**
- ☐ Cleared **AFTER** further evaluation or treatment for: \_\_\_\_\_
- ☐ Cleared for **Limited participation** (check and explain "reason" for all that apply):
- ☐ Not cleared for (specific sports): \_\_\_\_\_
- ☐ Cleared only for (specific sports): \_\_\_\_\_
- Reason(s): \_\_\_\_\_
- ☐ **NOT CLEARED FOR PARTICIPATION:** \_\_\_\_\_
- Reason(s): \_\_\_\_\_
- ☐ Other Recommendations:
- ☐ Recommend monitoring during early conditioning because of weight/fitness/other
- ☐ Recommend restrictions or monitoring of weight loss or gain
- ☐ Other: Reasons: \_\_\_\_\_

**MD/DO, PA, NP, DE-SPC#, Signature:** \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print):**

\_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Lewis-Palmer School District 38

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

### 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.** Although serious injuries are not common in supervised school athletic 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 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.**

I hereby give my consent for my son/daughter to compete in athletics for Palmer Ridge High School, in Colorado High School Activities Association approved sports except those crossed out: baseball, basketball, cross country, football, golf, gymnastics, ice hockey, lacrosse, soccer, softball, swimming/diving, tennis, track and field, wrestling, volleyball.

Date \_\_\_\_\_ Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

### STATEMENT OF TRAINING RULES

As a participant of athletics at Palmer Ridge High School, the student-athlete agrees not to indulge in the use of tobacco (in any form), alcohol, or drugs, or attend functions where alcohol and drugs are present, being served, or consumed during any part of the season of participation. This does not preclude religious activities or special functions of the family (Colorado Law 18-13-122). Should the student-athlete violate any of the above, the following process will be followed:

**A.** The student-athlete, the coach, and the administrator will meet to discuss the violation and its consequences. This meeting is to take place as soon as possible after the violation. If a meeting with the parents is deemed necessary, it too will take place as soon as possible. Parents will be notified immediately as to the results of the conference and/or conferences.

**B.** The consequences may be suspension from the next competition. Stiffer penalties may be invoked if deemed appropriate by the coach, athletic director and other administrator(s) – (as deemed appropriate.) School/District administrators may be a part of the decision-making process.

**C.** Should the student-athlete choose to violate these rules a second time during the same season, there will be a second conference. At this time, the athlete may be suspended from athletics for the remainder of the season or school year. If the above infractions occur on school grounds or at school activities, PRHS/D-38 disciplinary procedures will be enforced.

I agree to the above rules for Palmer Ridge High School athletes. I understand the consequences listed above.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Student-Athlete)

I/We understand the above training rules for Palmer Ridge High School athletes. I/We agree to support these rules.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

**ANY/ALL D-38 POLICIES RELATING TO USE, POSSESSION, OR DISTRIBUTION OF DRUGS OR ALCOHOL ON SCHOOL PROPERTY OR AT SCHOOL EVENTS WILL TAKE PRIORITY OVER THIS "CONTRACT."**



## STUDENT ELIGIBILITY INFORMATION FORM

I hereby give my consent for \_\_\_\_\_ to compete in athletics for \_\_\_\_\_ High School in Colorado High School Activities Association approved sports, except as noted on the Physical Examination and Parent Permit Form, and I have read and understand the general guidelines for eligibility as outlined in the *CHSAA Competitor's Brochure* (as found on the CHSAA site).

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

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

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

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

### ATHLETIC INSURANCE WAIVER

The coaches and administration of Lewis-Palmer School District 38 wish to take every precaution to ensure the safety and well being of each student athlete. The requirements for participation in interscholastic athletics are a current physical examination, a signed Parent Permit/Permission to Publish form and medical insurance or equivalent medical protection (i.e. admittance to military hospital).

Please check one of the following:

- A. \_\_\_\_\_ We have adequate medical insurance or equivalent medical protection and will assume financial responsibility for all injuries.  
1. Name of family insurance company: \_\_\_\_\_  
2. Name of military medical facility: \_\_\_\_\_
- B. \_\_\_\_\_ We wish to purchase school insurance.
- C. \_\_\_\_\_ We wish to purchase school insurance with the football rider.

I understand that if my son/daughter is injured while participating in school athletics/activities, I agree to have him/her taken to the nearest medical facility if school officials deem such action is necessary, and to pay all medical expenses incurred by such action.

Student Name \_\_\_\_\_  
(Please Print)

Parent/Guardian Name \_\_\_\_\_  
(Please Print)

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

Date \_\_\_\_\_



Dear Parent/Guardian,

Palmer Ridge High School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor, neuropsychologist or a neuropsychologist at Memorial Hospital to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

The information gathered from the ImPACT program may also be utilized in studies currently being conducted by both this school and UPMC. In order to ensure and guarantee your child's anonymity, we have set-up an anonymous data submission system. This data may anonymously be submitted to UPMC for their research purposes.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Palmer Ridge High School administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact Jim Porter at 867-8160.

Sincerely,

Head Athletic Trainer  
Palmer Ridge High School

Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Name of Athlete \_\_\_\_\_

Sport (s) \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## Signature Page – 2015-2016 Parent Handbook for Athletics

We believe that one of our foremost educational objectives in working with young people in a sports setting is to foster the development of responsible and ethical behavior. For this reason, we would like each athlete and parent of the athlete to become familiar with this aspects of our athletic handbook and to indicate his/her awareness of this philosophy by signing below.

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Student Athlete

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Date

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Parent

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Date

Attendance at team meetings where this document has been handed out is sufficient in being made aware of the aspects of our athletic handbook.

This form must be signed & returned to Jim Porter – Palmer Ridge Athletics Director.



## TRANSFER CONTACT INFORMATION

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This form must be filled out by the parents and student-athlete any time a transfer is made. This form must accompany all hardship waivers submitted to the CHSAA office. Submit all other Transfer Contact Information forms to CHSAA with your eligibility lists. This form must be on file with the school before participation unless #1, 2, 3, 4, shows a violation.

STUDENT'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

DATE ENROLLED AT CURRENT SCHOOL \_\_\_\_\_

SCHOOL TO WHICH YOU ARE TRANSFERRING \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

### SPORT PARTICIPATION DURING THE 12 MONTHS PRIOR TO TRANSFER

FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

### CONTACT YOU HAVE HAD WITH THE NEW SCHOOL PRIOR TO THE TRANSFER

List any coaches at the new school with whom you spoke prior to enrollment:

\_\_\_\_\_

List any other persons at the new school with whom you had contact prior to enrollment (Principal, Athletic Director, Parent Group, Booster, etc.)

\_\_\_\_\_

Did anyone contact you about attending or playing for the new school prior to enrollment?

☐ Yes

☐ No

If Yes Explain:

My non-school team coach is a member of the new school coaching staff (in any sport/ at any level.

☐ Yes

☐ No

If Yes Explain:

### RECEIVING SCHOOL ATHLETIC DIRECTOR

As the Athletic Director of \_\_\_\_\_ High School, I verify to the best of my knowledge that no athletic recruiting effort has been made by any staff or school representatives to persuade this student-athlete to register at our school.

ATHLETIC DIRECTOR/PRINCIPAL: \_\_\_\_\_

(SIGNATURE REQUIRED)

I verify that the information on this form is correct under potential penalty of ineligibility and restriction from state playoff competition for the athlete and/or team.

Student: \_\_\_\_\_ Parent: \_\_\_\_\_

(SIGNATURE REQUIRED)

(SIGNATURE REQUIRED)





## TRANSFER CONTACT INFORMATION

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### PREVIOUS SCHOOL ATHLETIC DIRECTOR

As the Athletic Director of \_\_\_\_\_ High School, I verify to the best of my knowledge that there has been no athletic recruiting effort by the receiving school or athletic reasons to persuade this student-athlete to transfer to the receiving school.

**If you feel that athletics have motivated this transfer please explain below:**

ATHLETIC DIRECTOR/PRINCIPAL: \_\_\_\_\_  
(SIGNATURE REQUIRED)