

DURANGO HIGH SCHOOL  
2008-09

Grade \_\_\_\_\_

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

**CHSAA Statement by a United States Physician**

I hereby certify that I have examined \_\_\_\_\_ and that he/she was found physically fit to engage in high school baseball, basketball, cheerleading, cross country, dance, football, golf, soccer, softball, swimming, tennis, track, volleyball, wrestling. (please cross out any sport in which student should not participate)

Date \_\_\_\_\_

Physician \_\_\_\_\_

Signature

*Physical must be completed by a* Physician Name \_\_\_\_\_  
*Practitioner licensed in the U.S.* Please Print

AND

*Physical good for 365 days  
per CHSAA Handbook 1790.1*

Physician Address \_\_\_\_\_

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

**CHSAA Parent/Guardian Permission**

I hereby give my consent for \_\_\_\_\_ to compete in athletics at Durango High School, in all sports, except those crossed out. I realize that there is a risk of injury that is inherent in all sports. I realize the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death. Baseball, basketball, cheerleading, cross country, dance, football, golf, manager, soccer, softball, swimming, track, tennis, trainer volleyball, wrestling.

Date \_\_\_\_\_

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

**DHS Athletic/Activities Conduct Code**

I have read the Durango High School "Pursuing Victory With Honor Code of Conduct for Student-Athletes". I understand my son/daughter will be governed by these codes as a participant in Durango High School Athletics/Activities. I have reviewed the Conduct Code with my student and his/her signature hereto acknowledges an understanding of the rules and the consequences of violations thereof.

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

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

**Insurance Coverage**

I understand my student cannot participate in athletics unless he/she is covered by insurance.

\_\_\_\_\_ I want to buy school insurance for my student **Insurance forms are available in school office & must be returned to athletic secretary.**

\_\_\_\_\_ I have adequate accident and medical insurance to cover any injury which he/she may incur while taking part in the interscholastic athletic program. **The name of the company with which we have family medical coverage is:**

\_\_\_\_\_

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

Over - Please complete the next page also.

**PLEASE PRINT THE FOLLOWING INFORMATION ACCURATELY AND COMPLETELY:**

I attend(ed) the 9th grade at 1st Sem/Tri \_\_\_\_\_  
School/City/State

2nd Sem/Tri \_\_\_\_\_  
School/City/State

3rd Tri \_\_\_\_\_  
School/City/State

I attended the 10th grade at 1st Sem/Tri \_\_\_\_\_

2nd Sem/Tri \_\_\_\_\_

3rd Tri \_\_\_\_\_

I attended the 11th grade at 1st Sem/Tri \_\_\_\_\_

2nd Sem/Tri \_\_\_\_\_

3rd Tri \_\_\_\_\_

I attended the 12th grade at 1st Sem/Tri \_\_\_\_\_

2nd Sem/Tri \_\_\_\_\_

3rd Tri \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NOTE: Your Birth Date Must Be Correct

SPORT(S) \_\_\_\_\_

While attending Durango High School you are living with:

\_\_\_\_ Natural Parent(s) \_\_\_\_ Natural Father/Stepmother

\_\_\_\_ Natural Mother/Stepfather \_\_\_\_ Legal Guardian

NAME OF PARENT/GUARDIAN (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF PARENT/GUARDIAN (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

**NOTE:** THIS STATEMENT MUST BE ON FILE IN THE ATHLETIC OFFICE FOR EVERY STUDENT PARTICIPATING IN INTERSCHOLASTIC ATHLETIC COMPETITION. EQUIPMENT WILL NOT BE ISSUED UNTIL THIS FORM IS RETURNED TO THE ATHLETIC OFFICE.