

WELCOME TO 2018-19

BEAR CREEK K-8 ATHLETICS

This cover letter contains vital information for athletes and parents. Please read this carefully and return the COMPLETED packet to coaches or Mr. Vecqueray as soon as possible. Athletes will not be able to **try out, practice or play** until all information is filled out completely and returned! NO EXCEPTIONS.

The packet contains:

- 1) **ATHLETIC EMERGENCY FORM:** in case of a medical emergency, coaches may use this information if a parent is not present.
- 2) **PHYSICAL CHECK-UP:** this document gives parental permission and most importantly, indicates by a health professional that your child is physically able to participate in sports.
- 3) **VEHICLE TRANSPORTATION AND PERMISSION:** this allows your athlete the ability to have various forms of transportation.
- 4) **ACADEMIC-BEHAVIORAL CONTRACT/JEFFCO PERMISSION:** both parent/guardian and athlete must sign this document in agreement of the expectations.

PLAYING FEE: the participation fee is **\$130** per sport. The athletic program at BCK8 is a self-funded entity. The fee covers officials, uniform/equipment upgrades and additions, awards, trophies, and coaches. **Fees will be collected once an athlete is placed on a team.**

UNIFORMS: Uniforms will be checked out to athletes once he/she has made the team by coaches. Uniforms are to be returned in good condition and CLEAN at the end of the season. **Failure to turn in the uniform will result in a minimum \$75 fine.** Athletes who play two or more sports and have a missing uniform from a previous season will NOT be issued another uniform until the fine is paid or the uniform returned in good condition.

Sincerely,

Glenn Vecqueray
Athletic Director
Bear Creek K-8

JEFFERSON COUNTY ATHLETIC EMERGENCY CARD
This card is to be filled out by Parent or Guardian. PLEASE PRINT.

Name of Athlete _____ STUDENT'S JEFFCO ID# _____

NAME _____ / _____ / _____

Parent or Guardian (Print)

Signature

Date

ADDRESS _____

PHONE: Home _____ Business _____ CELL _____

E-MAIL _____

(Check off any sports of interest)

Fall Sport: ___ Volleyball ___ Cross Country

Winter Sport: ___ Boys Basketball ___ Girls Basketball ___ Cheerleading

Spring Sport: ___ Track and Field

(Circle appropriate grade level and gender) GRADE: 6 7 8 M / F

DATE OF BIRTH: _____ AGE: _____

ATHLETIC INSURANCE WAIVER

NOTE: I fully understand that the Jefferson County schools do not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic athletics. I fully understand that it is my responsibility to provide insurance coverage for my son/daughter.

Parent/Guardian Signature _____

Date _____

Name of Athlete _____

MEDICAL POLICY NUMBER _____ MEDICAL INSURANCE COMPANY _____

FAMILY DOCTOR _____ PHONE _____

RELATIVE (1) _____ PHONE: Home _____ Business _____

(2) _____ PHONE: Home _____ Business _____

In the event parent, family doctor, relative, or authorized individual cannot be reached, indicate hospital preference:

(1) _____ (2) _____

IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, THE COACH WILL USE HIS/HER BEST JUDEMENT TO PROTECT AND ASSIST THE INJURED ATHLETE IN ACCORDANCE WITH THE FOLLOWING POLICIES: A. Caring for the athlete. B. Notifying the athlete's parents or guardian, or if these cannot be reached, for following the directions given on the athlete's emergency card. C. In extreme cases, getting the athlete under professional care with or without family permission. D. In cases of a need for emergency rescue aid a coach should call 911. E. Complete an accident report. FOR EMERGENCY RESCUE AID – CALL 9-1-1 Jefferson County schools do not provide any accident or health insurance coverage for students while participating in interscholastic athletics. It is the parent/guardian's responsibility to provide insurance coverage for his/her child.

Significant Health Concerns: _____

Daily Medications: _____

Emergency Medications: _____ Form 46-003500

SUMMARY INFORMATION FOR PHYSICIAN

No pupil shall tryout or represent his/her school in inter-school athletics until: there is a statement signed by his/her parents or legal guardian and a practicing physician certifying that he/she has passed an adequate physical examination within the past year, and that in the opinion of the examining physician he/she is physically fit to participate in athletics; and that he/she has the consent of his/her parents or legal guardian to participate on file with the superintendent or principle.

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 ten years throughout life. Boosters are recommended at the time of major 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. A practicing physician must sign the physical examination form.

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

STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined _____ and that the student was found physically fit to engage in basketball, cheer, cross country, track and volleyball. (Please cross out any sport in which the student should **not** participate.)

DATE OF PHYSICAL: _____

SIGNED: _____

(Valid 365 days unless rescinded)

Physician, Physicians Asst. or Nurse Practitioner

***YOU MAY ATTACH A COPY OF THE PHYSICAL TO THE ATHLETIC PACKET UPON COMPLETION INSTEAD OF OBTAINING A SIGNATURE ON THIS SHEET

DRIVER SPECIFICATIONS FOR PARENTS/STAFF/COMMUNITY DRIVERS (Reference JJH-E-3)

This authorization is for driving student participants to practices or scheduled athletic events or activities by private vehicle. **(The district does not insure privately owned vehicles.)**

Any licensed driver may be authorized to drive participating students to scheduled school activities provided the conditions outlined below are met:

1. The vehicle being driven will be in good working condition.
2. All students must wear seat belts.
3. The vehicle has liability insurance coverage which meets the minimum standards of the Colorado Financial Responsibility Law.
4. The driver is 21 years of age or older. (Bear Creek K-8 authorizes adult drivers only)
5. The number of passengers carried shall not exceed the capacity of the vehicle and state mandated laws.

The insurance company providing coverage for my vehicle is:

Insurance Company Name

Policy #

I verify that the conditions outlined will be met by the vehicle used on this student travel experience.

Driver's Signature

Driver's DOB

Driver's License Number

STUDENT PASSENGER OF PRIVATE VEHICLE TRANSPORTATION

I am aware that my student may be riding to practice and/or scheduled athletic/ activities with an authorized adult driver 21 years of age or older who has a valid driver license and is operating an auto which is insured and in good working condition. **Select one option below.**

_____ My student has permission to ride with adults only (age 21 or older)

_____ My student does not have permission to ride with an authorized driver. I will provide transportation if the team does not take a bus.

Parent/Guardian

Date

