FRONT RANGE
BAPTIST ACADEMY

ATHLETICS RULES AND EXPECTATIONS

All players who are members of the FRBA Falcons understand playing sports demands tremendous commitment and dedication to the game and their team. Likewise, parents make great commitment and sacrifice for the athlete to play with the team. Playing for the Falcons is a privilege and not a right. As Falcon players and parents, we understand and agree to the following policies.

Player Responsibilities

1. All players will treat teammates, coaches, teachers, administration, officials and opponents with dignity and respect. Depending on the severity of the disrespect, a player may be suspended from a game, or be dismissed from the team.
2. All players, regardless of ability and/or playing time are equal members of the team. Each player will treat all teammates with acceptance, respect and friendship.
3. All players will provide maximum effort in practice and games.
4. Attendance at all practices, team meetings, and games is mandatory. While injured players may be unable to play, they are still expected to arrive on time, listen to the coaches, and encourage teammates and assist the team. They will also be given extra duties to help with practice or game management.
5. In very **rare** situations, players may request to be excused from games and/or practices. When this occurs, **players are responsible** for informing the coach verbally through a phone call or meeting at the earliest possible time of the need to be excused and to receive the coach's permission to be excused.
6. When players **miss practices and/or games, playing time in future games may be affected.**
7. Unexcused absences are absences in which the coach was not informed in the manner described above or the reason for the absence is not satisfactory. **An unexcused absence from practice and/or games will result in the suspension of the player from the next game in which the player is eligible to play.**
8. Players are to be on time for all practice and games. Tardiness may affect playing time in games. Chronic lateness may result in suspension. Players are expected to directly seek understanding and resolution when questions or problems arise with coaches and teammates.
9. Players will conduct their personal lives in a manner that brings honor to themselves and the team. This includes school performances, self-respect, healthy behavior and social responsibility.
10. Players will maintain Academic eligibility according to the standard set by FRBA.

Parent Responsibility

1. Parents will treat players, coaches, opponents, and officials with respect and dignity.
2. All comments by parents and their guests from the sidelines will be encouraging and/or complimentary. **Parents and guests will refrain from making comments about players' or coaching mistakes or errors.**
3. Parents will discuss player and/or team concerns and problems directly with the head coach. **These discussions will not take place right before or after a game.** A meeting will be scheduled. During the meeting, playing time and comparisons to the other players will not be discussed. Remember, it is not the best players; it is the players that work together the best!
4. Coaching is to be done only by coaches on staff. **Parents agree to refrain from coaching or directing their child or other players during all games and practices.**
5. Parents will refrain from making **derogatory comments to referees at any time.**
6. Parents will support coaches and encourage their athlete to do the same.
7. Players are expected to be picked up on time after practices and games.

Code of Conduct

1. Play to win.
2. Observe the laws of the game.
3. Play fair.
4. Respect opponents, teammates, referees, official, and spectators.
5. Accept defeat with dignity. Win with modesty and give credit to God and teammates.
6. Promote the best interest of the Academy and the Team.
7. Reject worldliness in attitudes and actions on and off the playing field.

By signing below I have read and understand the rules, regulations and guidelines set forth in the FRBA Athletic Handbook. I do agree to abide by these rules, regulations and guidelines and will faithfully support the coaches, athletic director and administration of Front Range Baptist Academy.

Player Signature _____ Date:_____

Print Name_____

Parent Signature _____ Date:_____

Print Name_____

FRONT RANGE BAPTIST ACADEMY

NOTICE TO ATHLETES AND PARENTS OR GUARDIANS FORM

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 both copies, retain one for your records, and return the other to your school.

Student's Name _____ Sport(s) _____

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

_____

_____

_____

* *

Signed _____ Date _____
Parent or Guardian

Signed _____ Date _____
Student

FRONT RANGE
BAPTIST ACADEMY

ATHLETIC EMERGENCY/CONSENT FORM

(A form to be filled out by parent/guardian for permission for emergencies)

NAME OF STUDENT: _____

PARENT/GUARDIAN: _____

HOME ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: Home (_____)_____ Work (_____)_____

EMERGENCY NUMBER IF NOT AT HOME OR WORK: (_____)_____

INSURANCE COMPANY: _____ POLICY #: _____

FAMILY DOCTOR:

(1) _____ PHONE: (_____) _____

(1) _____ PHONE: (_____) _____

I, _____, parent or guardian of _____,
in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, 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 the above named child any liability of Front Range Baptist Academy, any of its agents or employees, arising out of such medical treatment.

_____ _____

Date Signature of Parent of Guardian

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 (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.

1

Revised 4/24

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Gender: _____ Age: _____ Date of Birth: ___/___/_____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (_____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

List past and current medical conditions:

_____

Have you ever had surgery? If yes, please list all surgical procedures and dates:

_____

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

_____

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

_____

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
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

	GENERAL QUESTIONS Explain "Yes" answers at the end of this form. 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 illnesses?		
	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?		

	HEART HEALTH QUESTIONS ABOUT YOU *(continued)*	**Yes**	**No**
8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
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? (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), Bragada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.

2

Revised 4/24

Student's Full Name: _____ Date of Birth: ___ /___ /_____ School: _____

	BONE AND JOINT QUESTIONS	Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		

	MEDICAL QUESTIONS	Yes	No
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?		
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22	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?		
23	Have you ever become ill while exercising in the heat?		
24	Do you or does someone in your family have sickle cell trait or disease?		
25	Have you ever had or do you have any problems with your eyes or vision?		

	MEDICAL QUESTIONS *(continued)*	Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. CHSAA bylaw 1780.1 states, "No pupil shall participate in formal practice or represent his/her/their school in interscholastic athletics until there is a statement on file with the principal or athletic director signed by his/her/their parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) he/she/they has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, he/she/they is physically fit to participate in high school athletics; and (c) that he/she/they has the consent of his/her/their parents or legal guardian to participate. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. No pupil shall participate in formal practice or represent his/her/their school in interscholastic athletics until this form is completed in its entirety and page 4 is on file with the principal or athletic director signed by his/her/their parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) he/she/they has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, he/she/they is physically fit to participate in high school athletics. The CHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ *(printed)* Student-Athlete Signature: _____ Date: ___/ ___/ ___

Parent/Guardian Name: _____ *(printed)* Parent/Guardian Signature: _____ Date: ___/ ___/ ___

Parent/Guardian Name: _____ *(printed)* Parent/Guardian Signature: _____ Date: ___/ ___/ ___

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PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___ /___ /_____ School: _____

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?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	
• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?	

☐ Verify completion of Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

EXAMINATION

Height: **Weight:**

BP: / (/) **Pulse:** **Vision:** R 20/ L 20/ **Corrected:** Yes No

MEDICAL - healthcare professional shall initial each assessment	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment	**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 • Double-leg squat test, single-leg squat test, and box drop or step drop test		

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/ ___/ _____

Address: _____ Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

4

Revised 4/24

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Gender: _____ Age: _____ Date of Birth: ___/___/_____

School: _____ Grade in School: _____ Sport(s): _____

Home Address: _____ City/State: _____ Home Phone: (_____) _____

Name of Parent/Guardian: _____ E-mail: _____

Person to Contact in Case of Emergency: _____ Relationship to Student: _____

Emergency Contact Cell Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____

Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*

_____

☐ Medically eligible for only certain sports as listed below:

_____

☐ Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

_____

I hereby certify that I have examined the above-named student-athlete using the CHSAA Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/_____

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: _____

_____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Mental Health

Explain: _____

_____

Signature of Student: _____ Date: ___/___/___ Signature of Parent/Guardian: _____ Date: ___/___/___

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct.

This form is not considered valid unless all sections are complete.

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Colorado High School Activities Association

STUDENT ELIGIBILITY INFORMATION FORM
and
CHSAA Anti-Hazing Policy

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 CHSAANow.com website).

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, (DC, Spc.) 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.

CHSAA Anti-Hazing Policy

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing includes, but is not limited to 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.

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

CHSAA BYLAWS – PARENT & STUDENT INFORMATION

Colorado High School Activities Association

*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 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 our state since 1921. Our Code of Ethics is integral to our 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.

I. 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.

II. Hazing & Bullying (1710.2)

As a student-participant, I will not be the organizer of, or participant in an activity constituting hazing. Hazing is defined as any conduct or method of initiation, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include but is not limited to whipping, beating, branding, forced behaviors involving, food, alcohol, drugs or other substances, destruction of property, and/or brutal treatment or forced physical/sexual activity which is likely to adversely affect the physical health or safety of the student or any other person.

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 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 a 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.

CHSAA BYLAWS – PARENT & STUDENT INFORMATION

Colorado High School Activities Association

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 competing. NOTE: A student becomes subject to the outside competition rule on or after the first date of formal practice, when he or she reports out for practice and is in contention for a berth on the team.

4. **Undergraduate (1710)**

A student may not be a graduate of any high school and participate in high school athletics.

5. **Recruiting (1900)**

Any recruiting based on athletic ability or interest is prohibited.

6. **Age (1770.1)**

A student's 19th birthday must fall on or after August 1 of the current school year. Exceptions to this rule, based on educational handicaps, may be requested, provided the student's original class has not graduated.

7. **Semesters (1770.3)**

Upon entering high school, a student's eligibility will continue only until his/her original class graduates. Once entering ninth grade, a student has eight consecutive semesters of eligibility. NOTE: If a student drops out of school or misses competition due to an injury, he/she will not receive additional eligibility.

8. **Seasons (1770.71)**

A student is allowed a maximum of 4 seasons in any sport.

9. **Physical Exam (1780)**

A student may not practice or compete (music, student council and speech participants are exempt) without a physical exam that is:

- Signed by an MD, DO, chiropractor who is school physical certified (DC, SPC), nurse practitioner or physician's assistant licensed by the State of Colorado.
- Current within the last 12 months.
- On file with principal or athletic director prior to first practice.

10. **Practice (2310)**

A total of 5 different days of practice is required before participating in any interscholastic game or scrimmage (*except football which needs 9 days*). OTHER EXCEPTIONS: (A) Golf, skiing, softball and tennis players. (B) Participants in state playoff games completed on or after the first day of formal practice. **No contact between a coach and player is allowed on **Sundays** during the school year unless it is for a social, academic or service related activity that is strictly voluntary. A student cannot be required to practice or compete outside of the season as a condition of making the team.

11. **Transfer Rule (1800)**

The CHSAA supports school choice in academic pursuits and encourages its student participants to enhance their academic achievement. A student entering high school for the first time shall be eligible for all interscholastic athlete competition.

A student who establishes his/her eligibility at a member school and subsequently transfers, will be ineligible for varsity competition for 365 days from the date of their transfer, in the sports they participated in during the last 365 days.

- ***Athletic Transfer (1800.6)***

Any transfer substantially motivated by athletic considerations will cause the student to be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer.

- ***Transfer with Club Coach or Previous Coach (1800.6)***

A student transferring or moving for any reason to a new school where the student's non-school coach is also a coach of the school team, is considered to be attending for athletic purposes. The student, as a result of this transfer, will be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer. If a student transfers to a school where his/her previous coach is a coach of the current school team, that move will be deemed motivated by athletic consideration. As used in this Rule, the coach may be a former school coach or non-school coach and the term "coach" includes any person who coaches, volunteers (regardless of compensation) or assists in any capacity with the coaching or training of the school or non-school team.

- ***General Transfer Information (1800)***

It is the student's responsibility to know the CHSAA Transfer Rule and how it affects that student's eligibility. The CHSAA Commissioner may grant exceptions to this rule in unusual cases. Only schools may submit a waiver. If a waiver of the transfer rule is requested, the student is not eligible until the waiver is approved by the CHSAA Commissioner.
Transfer cases involving separation and/or divorce proceedings should be reviewed with the school administration.

CHSAA BYLAWS – PARENT & STUDENT INFORMATION

Colorado High School Activities Association

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 $50.00.

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.

[ ] At least 5 full credit classes.
[ ] Will abide by the rules as outlined and/or defined by school's academic plan.
[ ] Physical exam within the last calendar year.
[ ] Parent permit form on file at the school.
[ ] Have not changed schools during the current school year without a corresponding move by parents.
[ ] Will not or have not turned 19 before August 1.
[ ] Has not been in high school longer than 8 consecutive semesters.
[ ] Will not play more than 4 seasons in any sport.
[ ] 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.
[ ] Has complied with all other school, district, and local eligibility requirements.

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 and 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.

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)