

Name: _____



CLEAR CREEK

MIDDLE SCHOOL

2024-2025 Sports Packet

1. YOU WILL NOT BE ALLOWED TO PRACTICE UNTIL YOU HAVE HAD YOUR PHYSICAL AND THIS PACKET HAS BEEN RETURNED TO THE SCHOOL OFFICE.

2. PLEASE KEEP THE PHYSICAL PACKET ALL TOGETHER:

Fill out front and back of all sheets and turn in as one packet to the High School office after you've had your physical.

PACKETS WILL BE RETURNED IF NOT COMPLETED

Sport Participation Fees for 7-8th Grade:

1st Sport Fee **\$120.00**

2nd Sport Fee **\$120.00**

Each Additional Sport **\$90.00**

Not to Exceed **\$480.00** yearly per Family

Combined Middle School/High School

Students must pay the appropriate participation fees to be declared eligible to participate in extra-curricular activities.



CLEAR CREEK MIDDLE SCHOOL PARENT PERMIT

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 **Clear Creek Middle School**, in approved sports, except as listed on back.

Parent or Guardian Signature _____ Date _____

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 have 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.

CLEAR CREEK MIDDLE SCHOOL
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 access 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 choices 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 risks exist.

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

Students will be instructed in proper technique 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, prevention 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.

Please sign below, make one copy for your records, and return the original 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

CLEAR CREEK MS ATHLETIC CONTRACT

THE GOAL OF ATHLETICS IS TO DEVELOP A WINNING ATTITUDE IN THE STUDENT/ATHLETE. WINNING IS AN ATTITUDE THAT MUST BE PROMOTED IN ALL ASPECTS OF ONE'S LIFE, NOT ONLY ON THE ATHLETIC FIELD/COURT/SLOPES. STUDENT/ATHLETE CONDUCT ON AND OFF THE ATHLETIC FIELD/COURT/SLOPES AND IN AND OUT OF SCHOOL IS CRITICAL TO ATTAINING THIS GOAL. DURING BOTH THEIR ON AND OFF SEASON(S) OUR STUDENT/ATHLETES ARE EXPECTED TO REFRAIN FROM ANY AND ALL ACTIONS THAT WOULD DISCREDIT THEMSELVES, THEIR TEAM OR CLEAR CREEK MIDDLE SCHOOL. THE ACTIONS OF THE STUDENT/ATHLETE NEED TO SUPPORT OUR CORE VALUES (*DUSTERS*) IN ALL ENDEAVERS THROUGHOUT THE YEAR.

ELIGIBILITY: (Ref: Board Policy JJJ) Students will need to comply with academic eligibility rules in order to be excused from school to participate in ANY school activity which takes a student out of the classroom. Eligibility rules apply to all participants in extra-curricular activities; CHSAA and/or league sponsored events; and vocational organizations. Rules of eligibility will be held in accordance with the above-mentioned associations as well as those set by activity sponsors at CCHS.

1. STUDENTS MUST PAY THE APPROPRIATE PARTICIPATION FEES TO BE DECLARED ELIGIBLE TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES. \$110 first sport, \$110 second sport, \$90 each additional and \$440 family limit. (Family limit includes both MS and HS)
2. All paperwork must be turned in and signed including: a physical form, parent permission form, a warning form, and an emergency card form.
3. All gear/uniforms must be turned in and any fees paid from any previous activity participated in at CCHS or CCMS.
4. Any student quitting an activity/sport after the first mandatory practice can't participate in another activity/sport that season without the approval of both Head Coaches and the Athletic Director.
5. If a student athlete ends a semester without passing 2.5 Carnegie units, he/she is required to sit-out of competition/activities until the CHSAA regain eligibility date. If the student is passing 2.5 Carnegie units at this date they may regain their eligibility.
6. A participant must attend scheduled classes for a minimum of two (2) blocks/four (4) classes in order to play or practice on any given day or to attend any school sponsored activity that takes them out of classes. The Athletic Director and or the Principal MUST approve any exceptions to this rule on an individual basis.
7. The eligibility week begins on Wednesday and goes through, and includes the following Tuesday. Any student appearing on the list with one or two "F's" will be put on athletic probation for one (1) week. The student will remain eligible during this first week. If the student appears the following week on the eligibility list with an "F" in any class, he/she will become ineligible. If the student receives 3 or more "F's" on the weekly eligibility list, they will become ineligible with no probation. The Head Coach may require study hall while an athlete is ineligible. If a student drops a class with an F that Grade will exist for two weeks on the eligibility report, which includes the week the drop fail was reported and one week after.

The following applies to all ineligible students:

- The student must attend practices while ineligible if physically able to or attend a study hall unless suspended from school.
- The student will not be excused from school to attend away events.

Violation

Consequence

Violation of State CHSAA or School Rules	Determined by the Coach and Athletic Director
Unexcused absence from a class or practice	Miss the next competition or event
Failing 1 or more classes during Eligibility Period	See #7 listed above
Possession/use of all tobacco products	<i>1st Offense</i> Loss of next competition/event, # (<i>probation</i>)
	<i>2nd Offense</i> (of the school year) Loss of 1/3 season
	<i>3rd Offense</i> (of the school year) Loss of a full season
Illegal possession/use of alcohol or drugs	<i>1st Offense</i> Loss of 1/2 season, # (<i>loss of 1/4 season</i>), In addition, there will be a referral to the school counselor and the parent/guardian, and a mandatory police referral. Note that an MIP ticket may be issued for <i>being present</i> where underage consumption occurs.
	<i>2nd Offense</i> (of the school year) Loss of eligibility for an entire calendar Year from the date of the suspension.
	<i>3rd Offense</i> (of career) Referral to the Athletic Council for penalty.

#Honor Clause: A student admitting guilt of the above mentioned violations, before knowledge of the offense is obtained by reliable or legal sources, to the Head Coach, Athletic Director, or Principal shall be considered by the Athletic Council for a lesser penalty on the first offense. Admitting guilt after a ticket has been issued would **not** be considered as part of the Honor Clause.

MIP: Students receiving an MIP with a BAC of 0.00 may go before the Athletic Council to appeal their suspension

Conduct: Any action deemed by the athletic director, coaches, or administration as detrimental to the team and/or the school in general will be subject to consequences as determined by the coaches, athletic director and/or administration. These actions may include, but are not limited to, hazing, fighting, vandalism, racial slurs or participation in inappropriate activities in or outside the school setting.

***Coaches may institute rules that are more strict but not less so than those of CHSAA, The Mile High League, or CCSD.

Carry over: Violations of the Athletic Contract **will carry over** to the next athletic season of participation. A percentage of the games/events left on the consequence will be figured and applied to the next season. If a student does not complete the season with their team once they are suspended, (i.e. attend practices and games) the remaining suspension will carry over to their next activity.

Due Process: Decisions by the Athletic Director and the Athletic Council may be appealed by the athlete to the Principal, Superintendent, and the School Board in that order.

The student/athlete and their parent or guardian must sign this contract and return it to CCHS before the student/athlete is eligible to participate.

The contract is valid for any and all activities the student/athlete participates in during the student/athlete's entire career at CCHS, including summer breaks. By signing this contract you agree that you understand and will abide by the elements of this contract both stated and inferred.

PARENT/GUARDIAN PRINTED NAME

DATE

STUDENT PRINTED NAME

DATE

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

STUDENT EMERGENCY INFORMATION (MUST COMPLETE)

Last Name _____ First _____ Middle _____ Male _____ Female _____
 Mailing Address _____ City _____ Zip _____ Grade _____
 Physical Address _____ City _____ Zip _____ Birth Date _____
 Home Phone _____ Mother Cell Phone _____ Father Cell Phone _____
 Birthplace: City _____ State _____ Social Security # _____

To Parents - That we may be of greatest service to your child in case of accident or sudden illness, it is necessary that you give the following information.

Please check legal relationship to student.

___ Mother ___ Stepmother ___ Guardian _____ (Name) Occupation _____ Work Phone _____

Employed by _____ Address _____

___ Father ___ Stepfather ___ Guardian _____ (Name) Occupation _____ Work Phone _____

Employed by _____ Address _____

Name of person(s) with whom student lives: _____ Relationship _____

IN AN EMERGENCY WHERE NEITHER PARENT CAN BE REACHED, CALL:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

CONSENT

In the event reasonable attempts to contact me or the emergency contacts at the above listed phone numbers have been unsuccessful, I hereby give my consent for:

- The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.
- Do you have ambulance insurance? Yes / No With whom? _____

The school will attempt to reach one of the above persons, but if none of these can be reached the school nurse, principal, or teacher in charge, has our permission to use his or her discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER THE SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED. This authorization does not cover surgery. In such cases, the provisions of Colorado Law governing informed consent and such other authorization(s) as may be required by law, shall apply.

Facts concerning the child's medical history including: allergies, medications, and any physical impairments to which a physician should be alerted are as noted on the reverse side of this form in the Health Information.

If Parent/Guardian fails to grant this consent, the school will call 911 in the event immediate medical care is indicated.

DATED _____ SIGNATURE OF PARENT OR GUARDIAN _____

ADDRESS _____

STUDENT INSURANCE

The school has the moral responsibility to encourage each participant in athletics to be covered by an accident insurance policy. The school does not provide a policy; however, the school provides an insurance option in which students may voluntarily participate. If you decide to take the school insurance option, the policy must be paid for before practice begins for that sport.

___ 1. I will carry the policy option offered by the school.

___ 2. I am carrying a policy outside of school insurance. I will assume the responsibility for costs occurred during athletic participation. The

insurance company I will use is _____

DATED _____ SIGNATURE OF PARENT OR GUARDIAN _____

RESPONSIBILITIES AND EXPECTATIONS FOR THE PARENTS OF CCMS ATHLETES

1. Be a positive role model in terms of support for *all* athletes participating (including opponents) and demonstrate proper sportsmanship towards all fans, participants, and officials.
2. Take responsibility for supporting your student/athlete's rest, diet, study habits, and choices in general that will assist them in committing to our core values (*DUSTERS*) and following the CCMS athletic contract.
3. Read the free copy of the pamphlet "The Role of Parents in Athletics" by Bruce Brown and understand that Clear Creek Middle School supports the philosophies and roles outlined for parents in the pamphlet.
4. Encourage your student to advocate for themselves in terms of solving the problems and dealing with the adversity that comes with participating in athletics.
5. Understand that as a parent if you feel the need to address a situation concerning your student that you will need to follow the chain of command. Start with the coach and progress through the athletic director, principal, and superintendent. Concerns that are appropriate to discuss with your coach are:
 - a. The mental and physical treatment/health/safety of your student.
 - b. Concerns about your student's behavior.
 - c. Ways to help your child improve.
 - d. Questions, concerns, or clarification of team, school, or the CHSAA rules.

I have hereby read and understand the above expectations set forth by Clear Creek Middle School for the parent of a student athlete. I understand that the attendance at CHSAA sponsored events is a privilege to be earned and not a right and that inappropriate actions or an ejection will be dealt with in the same manner they would be for inappropriate player/participant actions or an ejection at CHSAA events.

Date: / /

Parent/Guardian Signature:

Date: / /

Parent/Guardian Signature:

RESPONSIBILITIES AND EXPECTATIONS FOR CCHS ATHLETES

1. Understand it is your responsibility to inform your head coach, school nurse, and/or athletic director of any injuries or concussions you sustain on or off the field.
2. Take responsibility for your rest, diet, study habits, and choices in general that will assist you in committing to our core values (*DUSTERS*) and following the CCMS athletic contract.
3. Students should get missed assignments ahead of time when missing class for an athletic event.

I have hereby read and understand the above expectations set forth by Clear Creek Middle School for a student athlete.

Date: / /

Student Signature:

CLEAR CREEK MIDDLE SCHOOL TEAM RULES

1. Students should display good sportsmanship that reflects positively on CCMS.
2. Students/Athletes should display a respectful attitude towards coaches, team members, teachers, etc.
3. Students are expected to use appropriate language at all times while at practice, games, etc. No profanity will be acceptable.
4. Student/Athletes will be on time for practices and games.
5. Students will treat bus drivers with respect, follow bus rules and use appropriate bus behavior.
6. Students/Athletes will be expected to wear appropriate/proper equipment and/or uniforms.
7. Students must turn in all required permission forms, signed contract, pay participator fees, emergency cards and have physical examination form on file with the Middle School Office.
8. Student/Athletes will be expected to exhibit a good work ethic and motivation.
9. All athletes/managers will remain until mats, chairs and equipment is put away.
10. Students will be released to parents with permission slips given to coach for away meets/games.
11. Students with parent permission slips will be allowed off at these designated stops with a signed note: Floyd Hill, Empire, Dumont, Silver Plume and Berthoud Falls. Parents must be waiting at stop (no students will be left at a stop and the bus will not wait for a parent to arrive).
12. At meets/games, team members will stay together. Athletes will not go into stands to sit with family or friends.
13. All athletic equipment must be stored in an appropriate location.
14. Failure to meet the above listed team rules for CCMS may result in the loss of one competition. Serious infractions of the rules may result in suspension from the team by the coach and/or Athletic Director and/or the Principal, and a meeting with parents may be necessary.
15. As a student-participant, I will not be the organizer of, or participant in any 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.

Student Signature

Parent/Guardian Signature

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ DOB: _____

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 HistoryForm).

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

* 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: _____
