

FLOWSTATE *REGISTRATION*

SIGN UP CHECKLIST

- ☐ \$50 (cash, PS, checks- Flowstate club, Success fund)
- ☐ \$200 pass fee OR ☐ I choose to fundraise by Dec. 1
- ☐ I have my own gear ☐ I will get a seson rental
- ☐ Physical forms (signed by parent only)
- ☐ Activity Handbook forms (3 pages)
- ☐ Aspen Skiing Company waiver
- ☐ Registration Forms
- ☐ Sign up in PARENT SQUARE



Pay registration fee and the
pass fee in SuccessFund RMS



Sign up for Parent
Square RMS group

+ Please return ALL forms and the money at one time to secure your spot.
++ Incomplete forms will not be accepted.

Dear Parents and Guardians,

Our mission at Flowstate is to provide opportunities for all students, regardless of socio-economic status, to enjoy winter sports that have historically been reserved for affluent families. At the same time, we know that if kids want to truly build confidence, develop their skills, and get better, they need to commit to hitting the slopes all winter long.

Our Ask

To make this season a success and maximize our actual time on the mountain, we are shifting how we handle logistics this year. We are asking all families to complete two core steps:

The Pass: Secure a discounted Sunlight season pass for \$200 through the club.

The Gear: Provide your student with their own season equipment. Having gear ready to go beforehand means we completely avoid hours of wasted time waiting in rental lines on our riding days.

Gear & Rental Options

We highly recommend securing season rentals or used gear as early as possible. Here are the best ways to get equipped: Sunlight Ski & Bike Shop (Local): \$150 for a full season rental package using our exclusive Flowstate discount coupon. Grand Junction Rentals: Cheaper full-season rental packages are available for \$90.

Used Gear: Excellent, budget-friendly options can frequently be found on Facebook Marketplace. (Make sure boots fit snugly and skis/boards roughly reach your student's chin!)

More Resources: Please check our website at www.thisisflowstate.org for a complete list of local gear options and links.

Covering Costs Through Fundraising

We never want financial constraints to stand in the way of a student who wants to ride. Every student has the opportunity to fundraise to completely cover the cost of both their ski pass and their season rentals. By participating in our Wild Coffee fundraiser, students can easily earn their way onto the snow. Full fundraising details, paperwork, and pitch lines can be downloaded directly from our website.

Financial Aid & Scholarships

We know we are asking for a significant commitment from our families, and we refuse to turn any motivated student away. If your family is experiencing financial hardship and fundraising alone will not bridge the gap, we offer a limited number of Work-Exchange Scholarships and extended financial aid options.

To request assistance in a private, dignified manner, please email Mr. Teo directly at tmiu@garfieldre2.net. In your note, please just let us know:

Your student's name and school, Whether they need assistance with the pass, the gear, or both, and If your student is willing to participate in an extended fundraising block or help the club with leadership tasks in exchange for sponsorship.

We will review requests individually to ensure our community resources go directly to the families who need them most. Thank you for partnering with us to build a warm community, stronger kids, and unforgettable winter days.



Registration Form MS Flowstate Clubs

Parent Info meeting: monday, Nov 2, 5pm RMS Library

Student Info meeting: Monday, Nov. 2 after the stream

OFFICE ONLY: DATE OF REGISTRATION

/ /

TIME

/

PERSONAL INFORMATION

Child's Full Name :

Full Address

Parent Name:

Parent Phone:

Parent email

Date of Birth :

 / /

Height:

Weight (lb):

Shoe size

I plan to:

ski

snowboard

I have my own gear, including helmet and goggles

☐

Yes

☐

No, but I plan to rent it

THE SERIOUS STUFF

0. I have signed up for Flowstate Ski Club in Parent Square - see code on front page

☐

Yes

☐

No

1. I have watched the video "Ride Another Day" posted on our website www.thisisflowstate.org with my child and discussed the conduct expected on the slope. We both fully understand rewards and consequences.

Parent signature:

Rider signature:

2. I have watched the video "What to Wear" posted on www.thisisflowstate.org and I understand that my child will be ready with the proper gear.

Parent signature:

Rider signature:

3. I have read the descriptors for each riding level. I am a confident rider at level (CHOOSE 1-9)

4. I have attached the \$50 fee

☐

Yes

☐

No

Circle one: Check, Cash, E-funds, SuccessFund, scholarship.

5. I have attached the \$200 fee for the pass

☐

Yes

☐

No

6. I will fundraise

☐

yes

☐

No



Need gear this season?

Are you new to this?

SUNLIGHT SKI AND BIKE SHOP

GET YOUR SEASON RENTALS

\$150 OFFER

REGULAR PRICE \$199-\$249

ONLY FOR FLOWSTATE

Available at Sunlight Ski & Bike Shop downtown Glenwood Springs. For ski or snowboard season packet. Does not include goggles or clothing. You must be an active member in the Flowstate Ski and Ride Club in Garfield RE-2. While supplies last. Present this offer to the rental team and get your gear ASAP. Supplies do not last long.

CALL 970-945-9425

SIGN UP NOW

3 FREE LESSONS

FOR LEVEL 1 ONLY

Contact The Bob Beverly Program at Powderhorn Ski Resort and sign up ASAP. All lessons must be completed preferably prior to our first club ride in mid January. For Level 1 only.

+ This is a great option for those who do not yet own their own gear. Download this coupon from Parent Square, sign it, and go to the the Sunlight shop downtown.

++ The Bob Beverly program is not affiliated with our club. We do not offer transportation for this program. **We highly recommend this for all Level 1.**

What Level Are You As A Skier/ Snowboarder?

 BEGINNER TIER	LEVELS 1-4: New to the mountain. Learning balance, controlling speed, and linking turns on green and easy blue slopes.
 INTERMEDIATE TIER	LEVELS 5-6: Parallel skiing with confidence. Using poles, managing un-groomed trails, and navigating light mogul fields.
 ADVANCED TIER	LEVELS 7-9: Master of all conditions. Carving precise turns, conquering steep black runs, tree skiing, and powder.

 BEGINNER TIER	LEVELS 1-4: Getting strapped in, finding your stance, controlling heel and toe edges, and linking first smooth turns on greens.
 INTERMEDIATE TIER	LEVELS 5-6: Confident dynamic carving on all blue groomers, managing speed, exploring switch riding, and handling easy terrain park features.
 ADVANCED TIER	LEVELS 7-9: Master of the mountain. Carving aggressively at high speeds, tackling steep black runs, tree lines, deep powder, and advanced park runs.

Garfield School District RE-2 (“School District”)

Activity Waiver, Release of Claims, and Parent Consent

ACTIVITY: Middle School activities and athletic practices, competitions, and events.

The above Activity will or may entail inherent risks and hazards including, but not necessarily limited to:

- Injuries that range from soreness and minor sprains to more serious conditions such as fractures, concussions, and death.

PARENT’S PERMISSION:

I, the undersigned parent or legal guardian (“Parent”) of the following named minor child:

_____ (“Student”), hereby give permission for the Student to participate in the Activity, despite the hazards listed above.

PARENT’S AND STUDENT’S REPRESENTATIONS:

In consideration of permitting the Student to participate in the Activity, and as an express inducement therefore, the Parent and Student hereby state, affirm, and agree to the following:

- a. The Student’s participation in the Activity is appropriate for the stage of Student’s development. Student is in good health and condition and has no illness, condition, or impairment that would make it extraordinarily unsafe for Student to participate in the Activity.
- b. Parent and Student understand that the Activity is or can be inherently dangerous and unpredictable, and that serious injuries or even death can occur even to experienced participants.
- c. Parent and the Student shall ensure that the Student shall at all times observe and practice proper techniques, methods, and precautions to ensure Student’s safety to the greatest possible extent while participating in the Activity.
- d. Parent and Student understand and agree that Student’s participation in the Activity shall be at the Student’s sole risk, and that the School District expressly disclaims any representation or undertaking that the Activity is safe for the Student, and further disclaims any and all liability or responsibility for any injury, harm, or damage that may occur from or in connection with the Student’s participation in the Activity.
- e. Parent affirms that they are aware of the kinds of risks the Student will face in the Activity, and states expressly that they have made a parental decision to assume such risks and understands the School District has relied upon this assumption of risk in permitting the student to participate in the Activity.
- f. Parent shall maintain and keep in force at Parent’s sole cost insurance coverage sufficient to compensate the Student and the Parent for the reasonably foreseeable costs and damages that could arise from or in connection with any and all personal injuries in connection with the Activity. Said insurance coverage shall be obtained prior to the Student’s beginning participation in the Activity and shall be kept and maintained in full force and effect during the entire term of such participation at the expense of the Parent. Parent consents for Student to receive immediate medical care and treatment for any injury or sickness resulting from the Activity. _____

WAIVER AND RELEASE OF CLAIMS:

Parent and Student hereby waive any and all claims and demands for relief, whether past or future and regardless of the legal or factual bases thereof, that could be asserted in any forum or manner whatsoever, based upon, related to, or concerning the Student’s participation in the Activity, expressly including but not limited to any claim for property damage, bodily injury, other personal injury, wrongful death, or similar claim, and expressly release, discharge, indemnify and hold harmless the School District, its Board of Education, agents and employees, past, present, and future, from and against any and all such claims and demands regardless when or by whom asserted. Notwithstanding the foregoing, this waiver and release of claims does not waive or release claims based upon a willful and wanton act or omission, a reckless act or omission, or a grossly negligent act or omission.

I certify and understand that I and my student are accountable for the contents of the Garfield School District Re-2 and Rifle Middle School Activities Handbook and agree to abide by its contents.

Printed Parent Name

Signature

Date

Emergency Medical Release Form

Student printed name

The undersigned parent/legal guardian hereby grants permission to the Garfield School District Re-2 and their duly authorized representatives to consent to first aid, emergency medical care and all other medical or surgical care they deem reasonably necessary to the health and wellbeing of my child. Also, when necessary for executing such care, I grant permission for hospitalization at an accredited medical facility.

Parent/Guardian printed name

Parent/Guardian signature

Date

Home Address: _____

Phone: _____

Employer: _____

Phone: _____

Family Physician: _____

Phone: _____

Chronic illnesses, allergies, etc: _____

Current medications: _____

Additional adult contact: _____

Phone: _____

Health/Accident Insurance Information

I fully understand that Garfield School District Re-2 **does not** provide accident or health insurance coverage for my child while he/she is participating in interscholastic athletics or extracurricular activities. However, such insurance is made available by the school district through an authorized agent. I further understand that it is my responsibility to provide accident insurance coverage for my child.

This statement releases Garfield School District Re-2 of financial responsibility in case of accident/injury to my child while he/she is participating in interscholastic activities and/or extracurricular activities.

Parent/Guardian Signature: _____ Date: _____

Medical Insurance Company: _____ Policy #: _____

Name of Insured:

Health/Accident Insurance Waiver

My child is not insured, I elect him/her not to be insured, and I am assuming the risks of injury to my child named above and shall absolve Garfield School District Re-2 and staff members of any and all financial responsibility for injuries occurring while participating in interscholastic activities.

Parent/Guardian Signature

ASPEN SKIING COMPANY
RENTAL WARNING & LIABILITY RELEASE AGREEMENT
PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of the Aspen Skiing Company ("ASC") renting me the equipment listed on this form and any other equipment ASC may provide to me (hereinafter collectively the "EQUIPMENT"):

1. I accept for use the EQUIPMENT provided to me "AS IS" and accept full responsibility for the care and security of the EQUIPMENT during the rental period and shall be solely responsible for its timely return, replacement, and/or repair (excluding ordinary wear and tear). EQUIPMENT replacement shall be at its full retail value. Any costs to repair EQUIPMENT shall be determined solely by ASC's rental shop technicians.
2. I hereby agree to be solely responsible for any assessed fees because of the late return of the EQUIPMENT. I hereby authorize ASC to charge the same credit card I used for the security deposit for the EQUIPMENT in full payment of all sums ASC incurs because of any repairs, damages (ordinary wear and tear excepted) to, or replacement of the EQUIPMENT, and for all assessed late fees at the full rental value of any additional time or delayed return of the EQUIPMENT.
3. I have made no misrepresentations to Aspen Skiing Company regarding my height, weight, skier type and age.
4. I verify that the visual indicators on my bindings correspond to the settings as shown on this rental agreement form.
5. All instructions on the use of my EQUIPMENT have been made clear to me, and I understand the function of my EQUIPMENT.

Child's Printed Name:

Parent's Printed Name:

Please Sign Your Name Here

SKI AND SNOWBOARD SCHOOL

CHILD REGISTRATION / WAIVER / MEDICAL EMERGENCY CONTACT FORM

LESSON DATE: _____ MOUNTAIN: _____

SCHOOL/GRADE/TEACHER: _____

CHILD NAME: _____

ASPEN SKIING COMPANY RELEASE AND WAIVER OF LIABILITY AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

Exposure to COVID-19 or any other virus, infection, or illness (including those caused by an epidemic, pandemic, or comparable event) is an inherent risk in any public location where people are present. Aspen Skiing Company has implemented protocols to prioritize guest and employee health and safety, but we cannot guarantee you and your child will not be exposed to such viruses, epidemics, pandemics, or comparable events during your visit. The risk of being exposed or becoming sick due to COVID-19 or other illness(es) cannot be eliminated. Every guest visiting us shares the responsibility for a safe and healthy experience. It is your responsibility to read and comply with all instructions and signage posted at the resort and on the resort's website. You and your child will be asked to leave Aspen Skiing Company property if you cannot or will not comply. Stay home and do not drop your child off if you or your child has been exposed, is sick or experiencing symptoms of COVID-19 or comparable virus, infection, or illness. If mandated by Aspen Skiing Company or applicable local jurisdiction, all guests, including children, must wear a face covering in designated areas and maintain at least 6 feet physical distancing from other guests not in their group, including in lift lines. Please encourage your children to wash and sanitize their hands frequently, and we ask that you do the same.

WARNING, ACKNOWLEDGEMENT OF RISK AND PARENT'S WAIVER, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT In consideration of the above named child ("Child") being permitted to participate in the Children's Ski School Program (the "Program") offered by the Aspen Skiing Company ("ASC") I, being at least 18 years of age, represent and warrant under the penalty of fraud that I am the parent or legal guardian of Child. I agree to the following terms and conditions:

I HEREBY REPRESENT THAT CHILD IS IN GOOD HEALTH, THAT THERE ARE NO SPECIAL PROBLEMS ASSOCIATED WITH THE CARE OF CHILD, AND THAT I HAVE LEFT NO SPECIAL INSTRUCTIONS REGARDING CHILD, OTHER THAN THOSE LISTED ON THE REGISTRATION FORM.

I accept and clearly understand that SKIING, SNOWBOARDING, SNOWBIKING, PARTICIPATION IN THE PROGRAM, AND USE OF ASC'S SKI AREA FACILITIES, WHICH INCLUDE BUT ARE NOT LIMITED TO RACE COURSE VENUES AND FREESTYLE TERRAIN PARKS, ARE HAZARDOUS AND DANGEROUS, AND INVOLVE INHERENT RISKS OF PHYSICAL INJURY OR DEATH. I UNDERSTAND THAT THESE RISKS CANNOT BE ELIMINATED. These risks include, but are not limited to:

- Collisions with skiers, snowboarders, or other people on the slopes, or with man-made or natural objects such as trees, rocks, snowmaking hydrants and lift towers.
- Falling off ski lift chairs.
- Falling while skiing, snowboarding, or snowbiking.
- Variable and changing snow and weather conditions.
- Fatigue while engaging in strenuous exercise at high altitude.
- Obstacles, race course or freestyle terrain park feature location, construction or layout, freestyle terrain configuration and conditions; and other courses, layouts, or configurations of the area to be used

I accept and clearly understand that MOUNTAIN OPERATIONS, SUCH AS SNOWMAKING, GROOMING, AND THE USE OF SNOWMOBILES ON THE SKI AREA, CONTINUE THROUGHOUT THE DAY. I acknowledge that CHILD, AS A SKIER, SNOWBOARDER, OR SNOWBIKER, HAS LEGAL RESPONSIBILITIES WHEN HE OR SHE SKIS OR RIDES. I acknowledge that ASC staff members are available to more fully explain to Child and me the legal responsibilities, risks and dangers associated with each of the skiing, snowboarding, and snowbiking activities, ongoing mountain operations, and the Program activities. I AM VOLUNTARILY PLACING CHILD IN THE PROGRAM WITH FULL KNOWLEDGE OF THE INHERENT RISKS INVOLVED IN THE SPORT OF SKIING, SNOWBOARDING, AND SNOWBIKING AND FREELY ASSUME AND ACCEPT RESPONSIBILITY FOR ALL SUCH RISKS THAT MAY BE ASSOCIATED WITH OR RESULT FROM CHILD'S PARTICIPATION IN THE PROGRAM. Therefore, I hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND ASC, its owners, directors officers, parent companies, agents, representatives, employees, and volunteers, and sponsors, which include but are not limited to NASTAR, United States Ski Association dba U.S. Ski & Snowboard, and United States Ski Team, Inc., (collectively, the "Released Parties") from and against any and all liability, claims, actions, causes of action, suits, expenses (including reasonable attorney's fees) and ORDINARY NEGLIGENCE of any kind or nature that I may be entitled to bring on my own behalf, or on behalf of Child, whether foreseeable or not, arising directly or indirectly out of any and all damage, injury, paralysis, or death to Child resulting from Child's participation in the Program, any activity associated with the Program, or which is in any way related to the Program, including, but not limited to any transportation of Child that may be provided, or to any person or property which Child may cause or contribute to with another Child in the Program, WHETHER SUCH DAMAGE, LOSS, INJURY, PARALYSIS, OR DEATH RESULTS from the ORDINARY NEGLIGENCE of the Released Parties or from some other cause. This release is intended to be a comprehensive release of liability, but is not intended to assert defenses that are prohibited by law, and if any of this Agreement is found to be unenforceable, the remaining terms shall be enforceable. This Agreement shall be binding upon my assignees, subrogors, heirs, executors and personal representatives.

RENTAL WARNING & LIABILITY RELEASE AGREEMENT - PLEASE READ CAREFULLY BEFORE SIGNING in consideration of the rental shop providing my child with equipment:

1. I accept for use the equipment listed on this form along with any other replacement or supplementary equipment provided to my child "as is" and accept full responsibility for the care of the equipment while it is in my or my child's possession.
2. I will be responsible for the replacement at full retail value of any equipment rented under this form and any other equipment provided to me and/or my child but not returned to one of the Aspen Skiing Company Rental locations. I agree to return all rental equipment by the agreed date in the same condition that it was first provided to my child, ordinary wear and tear excepted, to avoid any additional charges.
3. I have made no misrepresentation to Aspen Skiing Company regarding my child's height, weight, skier type, ability, or age.
4. I understand, acknowledge and agree to allow the rental technician to verify that the visual indicators on the bindings correspond to the settings recommended by the binding manufacturer for boot sole length of the ski boot and the height, weight, skier type, ability, and age I have provided for my child on the rental form.
5. All instructions on the use of my rental equipment have been made clear to my child by either ASC rental or ASC ski school personnel.
6. I understand that there are inherent dangers and other risks involved in the sports of skiing, snowboarding, and snowbiking for which this equipment and any other equipment provided to my child is to be used, that injuries, particularly knee injuries, are common and ordinary occurrence of the sport, and, on behalf of my child, I freely and voluntarily assume and accept those risks and dangers.
7. I understand that the ski/boot binding system will not release or retain at all times or under all circumstances where release or retention may prevent injury, nor is it possible to predict every situation in which it will release or retain; and it is, therefore no guarantee of my child's safety. I further understand that this ski-boot binding system MAY NOT reduce the risk of injuries to my knee.
8. I agree to release, waive, and hold harmless and indemnify Aspen Skiing Company, LLC, and its' owners, agents and employees, as well as the manufacturers, and distributors of this equipment, and any other equipment provided to my child, for any loss or damage, including any that result from claims for personal injury, death or

property damage, and attorney fees, related to the use of this equipment, whether it arises or results from negligence or from some other cause.

10. On behalf of my myself, my child, I hereby further release from any legal liability Aspen Skiing Company and its' owners agents and employees from any and all liability for damage and injury or death to my child or any other person or property resulting from the selection, installation, adjustment, maintenance, or use of this equipment, and any other equipment provided to my child, and from any claim of product defect or other legal theory, accepting for myself the full responsibility for any and all damages or injury which may result.
11. I acknowledge that my child will have full opportunity to request and receive instruction in the operation of all rented equipment.
12. The undersigned represents under the penalty of fraud that he/she is the parent or legal guardian of a minor, for themselves and on behalf of said minor, hereby agrees to the provisions of the forgoing Liability Release Agreement and hereby acknowledges and agrees that there are significant risks involved in skiing, snowboarding, and snowbiking which cannot be eliminated including the risk of serious injury, paralysis and death.
13. The bindings on this snowboard WILL NOT RELEASE at all in the event of any fall or accident. These bindings have no safety release feature whatsoever. The absence of safety release features significantly increases the risk of injury to the user of this equipment.
14. I understand and agree that exclusive venue for any disputes arising under this ski school and rental agreement or my child's use of the equipment shall be in Pitkin County District Court, Aspen Colorado or the Federal District Court for the State of Colorado. I further acknowledge and agree that the law of Colorado shall be used to construe this agreement.

WRIST GUARDS AND HELMETS

- We Recommend Helmets for all skiers, snowboarders, and snowbikers and wrist guards for all snowboarders.

I acknowledge that the use of wrist guards and helmets will not eliminate the risk of injury which may occur while skiing, snowboarding, or snowbiking. The use of wrist guards and helmets may also cause injuries which might or would not occur in their absence. I acknowledge and accept the risks or release Aspen Skiing Company from all claims of every sort whatsoever including negligence, which may result from or arise out of the use of rental wrist guards and/or helmets. Helmets are required for all minors 17 years of age and younger by the Ski and Snowboard Schools of Aspen-Snowmass.

This release is intended to be a comprehensive release of liability, but is not intended to assert defenses that are prohibited by law, and if any of this Agreement is found to be unenforceable, the remaining terms shall be enforceable. This Agreement shall be binding upon my assignees, subrogees, heirs, executors and personal representatives.

Medical Release I authorize ASC's appropriate personnel to call for medical care for the Child, or to transport the Child to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed for the Child. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the Child, in their professional opinion. I agree that once the Child is transported to the medical facility or hospital, ASC shall have no further responsibilities for the Child, and I agree to pay all costs associated with such medical care and transportation.

Ski/Snowboard/Snowbike Release I authorize ASC trained ski/snowboard/snowbike technicians and staff to make necessary adjustments to the Child's ski/snowboard/snowbike equipment. I further authorize an ASC representative to obtain rental ski/snowboard/snowbike equipment for the Child in the event it becomes necessary.

Helmet Policy ASC requires all children seventeen (17) years of age and younger to wear appropriate helmets while participating in ski, snowboard, and snowbike classes. Helmets are required for all students of any age participating in terrain park and pipe classes. ASC recommends helmets for all skiers, snowboarders, and snowbikers. I acknowledge and understand that helmets will not eliminate all risks of head injury, both serious and minor, including death.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY ACCEPT THE TERMS OF THIS WAIVER AND RELEASE AGREEMENT. NO INTERLINATIONS OR HANDWRITTEN CHANGES TO THIS DOCUMENT SHALL HAVE ANY FORCE OR EFFECT.

BY COMPLETING AND SIGNING THIS FORM, I REPRESENT UNDER THE PENALTY OF FRAUD THAT I AM THE PARENT OR LEGAL GUARDIAN OF ANY MINOR(S) LISTED HEREIN AND BEING AT LEAST 18 YEARS OF AGE THAT I AM LEGALLY AUTHORIZED TO SIGN ON BEHALF OF MYSELF AND ALL OTHER PERSONS INCLUDED ON THE THIS FORM.

THE UNDERSIGNED / PARENT / LEGAL GUARDIAN:

Parent / Legal Guardian - Please Print Full Name

Date of Birth

Parent/ legal guardian signature and date

Street Address, City, State, Zip

Email

Phone number

Child Medical / Emergency Contact Information:

Minor (Child) Participants Name: _____ Date of Birth _____

Child Participant's: Height: _____ Weight: _____ Skier Type Ability: circle one 1 2 3

Medication / Allergies: _____

Emergency contact relationship/Name: _____

Emergency contact Phone: _____

Alternate Emergency contact relationship/Name _____

Alternate Emergency contact Phone: _____



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 2)

TO BE COMPLETED BY PARENT/ GUARDIAN ONLY

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

1

Revised 6/25

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? (Put a checkmark)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				

Mental Health Immediate Resources: Colorado Crisis <https://coloradocrisisservices.org/> Call/text 988 or live chat at 988Colorado.com.
 For additional Mental Health Resources, Please go to <https://chsaanow.com/sports/2021/7/22/smac.aspx>

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (continued)		Yes	No
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			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)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			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), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 2)
TO BE COMPLETED BY PARENT/ GUARDIAN ONLY

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

2

Revised 6/25

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

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying too hard or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____			
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?						

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: _____

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

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ____/____/____