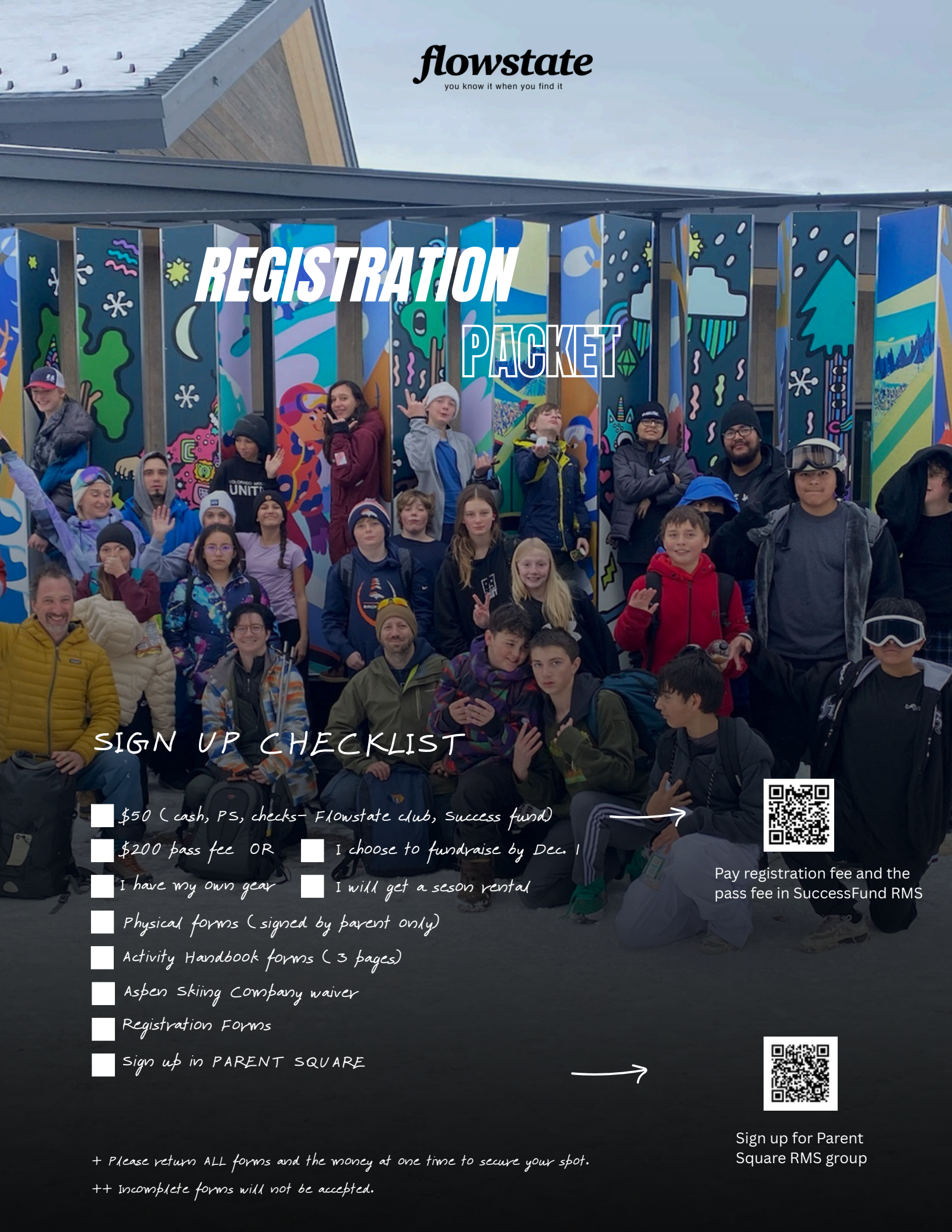
flowstate

you know it when you find it

REGISTRATION PACKET



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

o 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 roughy 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 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

+ Please return All forms completed at once

flowstate
you know it when you find it

++ Incomplete forms will not be considered.

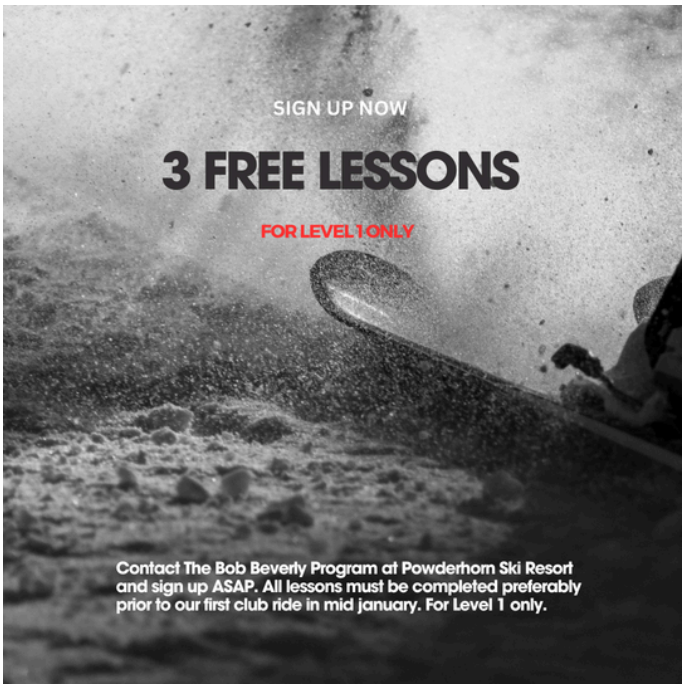


Need gear this season?



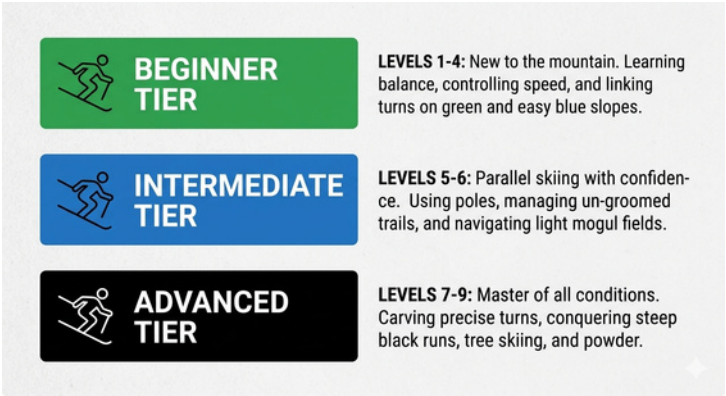
+ This is a great option for those who do not yet own their own gear. Download this coupon from Parent Square, sign it, and go to the the Sunlight shop downtown.

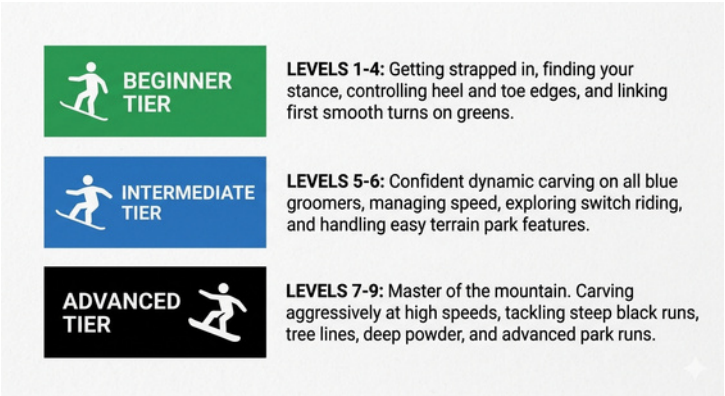
Are you new to this?



++ The Bob Beverly program is not affiliated wth 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?





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, theundersigned parentorlegal guardian ("Parent") of the following named minor child:

_____ ("Student"), hereby give permission for the Student to participate in the Activity,despite the hazardslisted above.

PARENT'S AND STUDENT'S REPRESENTATIONS:

Inconsideration ofpermitting the Student to participate inthe 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 certifyand understand that I andmy student are accountable forthecontents of the Garfield School District Re-2 and Rifle MiddleSchool Activities Handbookand agreeto abideby its contents.

_____	_____	_____
Printed Parent Name	Signature	Date

Emergency Medical Release Form

_____
Student printed name

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

_____ _____ _____
Parent/Guardianprintedname 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 willnotbeexposedtosuchviruses,epidemics,pandemics,orcomparableeventsduringyourvisit.Theriskof being exposedorbecomingsickduetoCOVID-19orotherillness(es)cannotbeeliminated.Everyguestvisitingus shares theresponsibilityforasafeandhealthyexperience.Itisyourresponsibilitytoreadandcomplywithall instructions and signage posted at the resort and on the resort's website. You and your child will be asked to leave Aspen SkiingCompanypropertyifyoucannotorwillnotcomply.Stayhomeanddonotdropyourchildoffifyouor your childhasbeenexposed,issickorexperiencingsymptomsofCOVID-19orcomparablevirus,infection,orillness. If mandatedbyAspenSkiingCompanyorapplicablelocaljurisdiction,allguests,includingchildren,mustwearaface 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 dothesame.

WARNING,ACKNOWLEDGEMENTOF RISKAND PARENT'SWAIVER,RELEASE OFLIABILITY,ANDINDEMNITY 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 HEREBYREPRESENTTHATCHILDISINGOODHEALTH,THATTHEREARENOSPECIALPROBLEMSASSOCIATED WITH THECARE OFCHILD,ANDTHAT IHAVE LEFTNO SPECIALINSTRUCTIONSREGARDING CHILD,OTHER THAN THOSE LISTED ONTHE REGISTRATIONFORM.
I acceptandclearlyunderstandthatSKIING,SNOWBOARDING,SNOWBIKING,PARTICIPATIONINTHEPROGRAM, AND USEOFASC'SSKIAREAFACILITIES,WHICHINCLUDEBUTARENOTLIMITEDTORACECOURSEVENUESAND FREESTYLE TERRAIN PARKS,ARE HAZARDOUS AND DANGEROUS,AND INVOLVE INHERENTRISKSOFPHYSICAL INJURYOR DEATH.I UNDERSTANDTHATTHESE RISKSCANNOTBEELIMINATED. Theserisks include,but arenot limited to:

- Collisionswithskiers,snowboarders,orotherpeopleontheslopes,orwithmanmadeornaturalobjectssuchas trees, rocks, snowmaking hydrants and lift towers.
- Fallingoffskiliftchairs.
- Fallingwhileskiing,snowboarding,orsnowbiking.
  Variable and changing snow and weather conditions.
- Fatiguewhileengaginginstrenuousexerciseathighaltitude.
- Obstacles,racecourseorfreestyleterrainparkfeaturelocation,constructionorlayout,freestyleterrain 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 s 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 supplemenatary 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
3. 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.
4. I have made no misrepresentation to Aspen Skiing Company regarding my child's height, weight, skier type, ability, or age.
5. 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.
6. All instructions on the use of my rental equipment have been made will be made clear to my child by either ASC rental or ASC ski school personnel.
7. I understand that there are inherent dangers and other and 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.
8. 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.
9. 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

StudentInformation(tobecompleted by student and parent) *print legibly*

Student's FullName: _____ 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/text988orlive chat at 988Colorado.com.
For additional Mental Health Resources, Please go to https://chsaanow.com/sports/2021/7/22/smac.aspx

	GENERAL QUESTIONS Explain"Yes"answers atthe 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 everdeniedorrestrictedyourparticipation in sports forany reason?		
3	Doyou have anyongoingmedicalissuesorrecent 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	Doyou get light-headedorfeelshorterofbreaththanyour friends duringexercise?		
10	Haveyou everhadaseizure?		
	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11	Has anyfamily member or relativedied of heart problemsor had anunexpectedorunexplainedsudden death beforeage 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?		

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
14	Haveyoueverhadastressfracture?		
15	Didyoueverinjureabone, muscle, ligament, joint, or tendon thatcausedyoutomissa practice or game?		
16	Doyouhaveabone,muscle, ligament, or joint injury that currentlybothers 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	Areyoutryingtoorhasanyonerecommended that you gain orlose weight?		
28	Areyouonaspecialdietordoyou avoid certain types of foods orfood groups?		
29	Haveyoueverhadaneatingdisorder?		

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:

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

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

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

Modified from © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.