



Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Parents** please read and sign all documents.

**Students** please read and sign all documents.

Extra-Curricular  
Middle School Sports  
High School Sports  
2024-2025

# Big Sandy School District 100-J

## Extra-curricular / Junior High Sports / High School Sports

### Criteria for Participation in Interscholastic Sports and Activities

**“FROM THOSE TO WHOM MUCH IS GIVEN, MUCH IS EXPECTED.”**

It is our belief that interscholastic competition and extra-curricular activities are areas in which young people in our school can build themselves in mind and body. In order to foster such growth, we have established the following guidelines for participation throughout the current school year:

1. I will abide by the Colorado High School Activities Association Standards (CHSAA).
2. I will abide by academic eligibility requirements.
3. The use, possession, distribution or sale of alcohol, illegal drugs, cigarettes, chewing tobacco, or any other controlled substance is prohibited. It is further understood that if you get an MIP, you will serve your consequences immediately. We will not wait for any court proceedings.
4. Random Drug Testing Policy: This policy is an extension of the substance use and abuse policy. The Random Drug Testing Policy encompasses all activities and for those students who wish to participate voluntarily to the program. Students and parents must consent in writing using the forms provided by the district. No student will be able to participate without such consent. An informational meeting will be provided at the beginning of the school year for parents and students. No student testing positive shall be penalized academically and all records pertaining to Random Drug Testing Policy will be kept separate from student's records.
5. I will meet the expectations of Simla Athletics/Activities which include but not limited to: positive actions: respect to teammates, coaches, teachers, administration and community, respect for district facilities and good citizenship.
6. If an athlete/extra-curricular student fails one class in a semester. It will be understood that the student will not be eligible for the next semester until the new failing list comes out. This will also apply to 8<sup>th</sup> grade students and their transition to 9<sup>th</sup> grade.  
\*Junior High will allow 3 years of eligibility during their Junior High Years. One year for 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade.

You must be present at school for at least fifty percent (50%) of the school day or attend a school sponsored event to participate in practice or an athletic contest/activity.

Exceptions to this can be made by the administration, if students' parents make arrangements with the principal ahead of time.

EXAMPLE: If you are absent or in attendance less than 50% (4 hours) of the school day on Friday and you have not been pre-excused you are not eligible to practice or compete on Friday, but can practice or compete on Saturday.

The Board of Education of Simla School District 100-J has approved the following interscholastic extra-curricular activities/Junior High sports/High School sports to be under this contract:

7. If an athlete/coach is ejected from a sports contest there will be a two game suspension on top of what CHSAA hands down.

Senior High School Fall Sports:	Football, Volleyball, ESports
Senior High School Winter Sports:	Boys Basketball, Girls Basketball, Wrestling
Senior High School Spring Sports:	Boys Track and Field, Girls Track and Field, Baseball ESports
Senior High Multi-Season:	Cheerleading, Dance
Senior High Activities:	Matchwits, FBLA, NHS, Student Council, Skills USA True Sport
Junior High Fall Sports:	Football, Volleyball
Junior High Winter Sports:	Boys Basketball, Girls Basketball, Wrestling
Junior High School Spring Sports:	Boys Track and Field, Girls Track and Field
Junior High Activities:	Matchwits, Cheerleading

A Sponsor/Coach or Assistant Sponsor/Coach may impose stricter standards than these rules dictate but may not superimpose less strict standards.

A student athlete/activity member involved with athletics and or academic participation will for any reason, be suspended from a sport or activity and will not letter in that sport/activity or be eligible for any post-season recognition in the sport/activity.

Discipline administered by a Sponsor/Coach during one sports season carries over to the next season in the event that the season ends or the participant quits before the conditions of discipline are met.

A Junior High Athlete/Activities career will run from 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade. While a High School career will run 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grade.

### CONSEQUENCES FOR VIOLATIONS

For 1, 2, and 6 above: Ineligible until such time as standards are met.

For 5: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> offense will be at the coach's discretion. (Athlete may also have a school consequence.) 4<sup>th</sup> offense will follow 1<sup>st</sup> offense for #3 and #4.

For 3, 4, above:

### FIRST OFFENSE

The athlete will be suspended from that sport and for the following number of contests which may include the post-season:

\*\*Athlete will be expected to practice during this time.

\*\*Athlete will not travel with team.

\*\*A student athlete/activity member involved with athletic and or academic participation will, for any reason, be suspended from a sport or activity and will not letter in that sport/activities or be eligible for any post-season recognition in that sport/activity.

JH Cheerleading: 3 games

JH Girls and Boys Basketball: 2 games

JH Girls and Boys Track and Field: 1 Meet

HS Volleyball: 4 games

HS Football: 2 games

HS Boys and Girls Basketball: 4 games

HS Cheerleading: 3 games

HS True Sport: 1 and done

JH Football: 2 games

JH Wrestling: 1 Competition

JH Volleyball: 3 games

HS Wrestling: 2 competitions

HS Boys and Girls Track: 3 meets

HS Baseball: 3 games

HS Skills USA: 1 and done

ESports: 2 Games

Participation in activities will be suspended from that activity for the following number of contests which may include Post-Season.

\*\*Participants will not travel with the team/organization.

\*\*A student athlete/activity member involved with athletic and or academic participation will, for any reason, be suspended from a sport or activity and will not letter in that sport/activity or be eligible for any post-season recognition in that sport/activity

JH/HS Matchwits/Knowledge Bowl

National Honor Society (NHS)

Future Business Leaders of America (FBLA)

Student Council

2 Matches

20% of events

Warning

20% of meetings and activities

## **SECOND OFFENSE**

The athlete will be suspended from that sport for 36 school days and complete a substance-abuse program approved by the school at the expense of the athlete.

\*\*The athlete will be tested every month. If this is a failed drug test or alcohol test.

\*\*If necessary, days to be served will carry over to the next school year.

\*\*If the athlete gains his/her eligibility back during a season, he/she may be able to practice with the team at the coach's discretion. If an athlete does not gain his/her eligibility back during a certain season, he/she will not be allowed to practice with the team.

\*\*A student athlete/activity member involved with athletics and or academic participation will, for any reason, be suspended from a sport or activity will not letter in that sport/activity or be eligible for and post season recognition in that sport/activity.

## **STUDENT COUNCIL, JH/HS MATCHWITS:**

The participants will be suspended from that activity for 74 school days (1/2 of the school calendar year) and complete a substance abuse program approved by the school at the expense of the student.

FBLA/NHS/ESports: Dismissal for Career.

\*\*If necessary, days served will carry over to the next school year.

## **THIRD OFFENSE:**

The participants will be suspended from that sport for 74 school days and will be removed from participating in any Activity/Sport until the following criteria:

\*\*Remain in good standing with the school.

\*\*Keep him/herself clean during monthly random drug testing and be tested every month at the expense of the athlete for 12 months following the infraction.

\*\*The athlete/activity student completes a substance abuse program approved by the school at the athletes/activities student expense.

\*\*A student athlete/activity member involved with athletics and or academic participation for any reason, be suspended from a sport or activity and will not letter in that sport/activity or be eligible for any post-season recognition in that sport/activity.

## **FOURTH OFFENSE:**

The participants will be suspended from that sport for 365 calendar days and will be removed from participating in any Activity/Sport until the following criteria:

\*\*Remain in good standings with the school.

\*\*Keep him/herself clean during monthly random drug testing and be tested every month at the expense of the athlete for 12 months following the infraction.

\*\*The athlete/activity student completes a substance abuse program approved by the school at the athlete's/activities student expense.

\*\*A student athlete/activity member involved with athletics and or academic participation will, for any reason, be suspended from a sport or activity and will not letter in that sport/activity or be eligible for any post-season recognition in that sport/activity.

**FIFTH OFFENSE:**

The Junior High/High School athlete will no longer be allowed to participate in any sports for the remainder of the athlete's career in school.

**MATCHWITS, STUDENT COUNCIL**

The student will no longer be allowed to participate in these activities for the remainder of his/her athletic career in school.

\*\*A student athlete/activity member involved with athletic and or academic participation will, for any reason, be suspended from a sport or activity and will not letter in that sport/activity or be eligible for any post-season recognition in that sport / activity.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

REVISED: May 21, 2024



**PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)**

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

**MEDICAL HISTORY FORM**

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

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

List past and current medical conditions:

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

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

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

**Patient Health Questionnaire version 4 (PHQ-4)**

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

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
Explain "Yes" answers at the end of this form.				(continued)			
Circle questions if you don't know the answer.							
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 4)

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

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 to 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: \_\_\_\_\_ (printed) Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ (printed) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ (printed) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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# PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

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

## PHYSICAL EXAMINATION FORM

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

### PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	
• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?	

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

### EXAMINATION

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**BP:** \_\_\_ / \_\_\_ ( \_\_\_ / \_\_\_ ) **Pulse:** \_\_\_\_\_ **Vision:** R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ **Corrected:** Yes No

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

MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
<b>Neck</b>		
<b>Back</b>		
<b>Shoulder and Arm</b>		
<b>Elbow and Forearm</b>		
<b>Wrist, Hand, and Fingers</b>		
<b>Hip and Thigh</b>		
<b>Knee</b>		
<b>Leg and Ankle</b>		
<b>Foot and Toes</b>		
<b>Functional</b> • Double-leg squat test, single-leg squat test, and box drop or step drop test		

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

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**PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)**

*SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL*

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

**MEDICAL ELIGIBILITY FORM**

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

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

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

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- Medically eligible for only certain sports as listed below:

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- Not medically eligible for any sports

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

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

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

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

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

Provider Stamp *(if required by school)*

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

List: \_\_\_\_\_

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

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

Explain: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

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



# CHSAA BYLAWS – PARENT & STUDENT INFORMATION

***Per Bylaw 1720.1, parents and participants must be informed, understand, and acknowledge basic CHSAA eligibility rules and they must acknowledge the risk of participation. This acknowledgement must be kept on file with the school.***

A student's participation in high school activities is dependent on his/her eligibility. Protect that eligibility. Read the following summary of Colorado High School Activities Association rules that govern a student's participation. Students and parents alike need to review these rules and ask questions of their coaches/directors, athletic director and school administrators. If a student has any questions, he/she should seek the answers before participating by going first to the coach or athletic director.

**\*\*Please review the following information and acknowledge your understanding of the CHSAA Bylaws by signing at the end and submitting to your School's Athletic Director. Click the blue underlined links to read more information!**

## The CHSAA

The Colorado High School Activities Association has been the governing body of high school athletics and activities (speech, student council and music) in our state since 1921. [Our Code of Ethics is integral to our Mission and Vision.](#) The student's school is a voluntary member of the CHSAA and has agreed to follow its rules. Both your school and the Association believe in equal competition among schools and the close relationship between academics and activities.

### I. [Discrimination](#)

A student-participant will not participate in or condone unfair discriminatory practices against a fellow participant due to age, gender, race, ethnicity, religion, sexual orientation, or disability, nor shall the student be discriminated against under the same criteria.

### II. [Hazing & Bullying](#)

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

## The CHSAA Rules of Participation

### 1. [Academic](#)

A school must select one of three options for determining the eligibility of all its students, and schools have the right to impose stricter standards.

### 2. [Make-up Work](#)

Each student must be academically eligible in accordance with the above section at the time of participation and during the previous semester. Make up work shall not be permitted after the close of the semester for the purpose of becoming eligible. (Cases involving special circumstances should be referred to your principal.)

If eligibility has been lost from a previous semester, students may regain their athletic eligibility for Fall 2012 on October 11 and for Spring 2013 on March 8 by meeting the respective eligibility requirements above.

Summer school credits accepted by the school may be used to replace credits in subjects failed during previous semesters.

Dropping a class may make you ineligible. If you play while ineligible, you may cause your team to forfeit any contests in which you played.

### 3. [Citizenship](#)

The school principal must approve the student to be a representative of the school's standards of citizenship, conduct and sportsmanship.

### 4. [Conduct – Ejections](#)

If a student is ejected from a contest for unsportsmanlike conduct, he/she will be ineligible for the next scheduled match or contest played at that level including qualifying and state contests. The student may not participate in any contests at any other level during this period. For the season, the student will be permitted to compete in one fewer contest than the maximum allowed each participant in the sport.

A second ejection during the season shall result in a 2 contest suspension. A third ejection will result in a review of the student's future eligibility by the CHSAA Commissioner.

If a student is ejected in the final contest of a season, he/she is ineligible for the first contest of the next sport in which he/she competes and completes the season. Players leaving the bench during a fight shall be ejected and ineligible for the next contest.

## 5. Outside Competition

As a member of any high school team, a student may practice or compete in that sport during that sport season in a non-school event with prior written permission of the principal.

Members of high school teams may compete in non-school events in that sport without written permission on the day following the completion of the season for the level (freshman, sophomore, junior varsity, varsity) of the team on which they are competing. NOTE: A student becomes subject to the outside competition rule on or after the first date of formal practice, when he or she reports out for practice and is in contention for a berth on the team.

## 6. Undergraduate

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

## 7. Recruiting

Any recruiting based on athletic ability or interest is prohibited.

## 8. Age

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

## 9. Semesters

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

## 10. Seasons

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

## 11. Physical Exam

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

- Signed by an MD, DO, chiropractor who is school physical certified (DC, SPC), nurse practitioner or physician's assistant licensed by the State of Colorado.

- Current within the last 12 months.
- On file with principal or athletic director prior to first practice.

## 12. Practice

A total of 5 different days of practice is required before participating in any interscholastic game or scrimmage (except football which needs 9 days). OTHER EXCEPTIONS: (A) Golf, skiing, softball and tennis players. (B) Participants in state playoff games completed on or after the first day of formal practice.

No contact between a coach and player is allowed on Sundays during the school year unless it is for a social, academic or service related activity that is strictly voluntary. A student cannot be required to practice or compete outside of the season as a condition of making the team.

## 13. Transfer Rule

A student who participates in a formal practice at the beginning of the school year and then transfers without a parental move will be ineligible for varsity competition for the remainder of that sports season.

### - Athletic Transfer

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

### - Summer Transfer

A transfer from one high school to another during the summer without a permanent change of domicile by the student and his/her family to the attendance area of the new school will render the student ineligible for varsity competition for the first half of the season in any sport in which the student competed during the previous 12 months. The student may practice with the team and play at the sub-varsity level during this period of restricted participation.

### - Mid-year Transfer

A student who transfers after the start of the school year without an accompanying family move shall:

- Have restricted (sub-varsity) eligibility for the remainder of that school year in sports played in the last 12 months.
- In the next school year, the student will have only sub-varsity eligibility for the first 50% of the season in those sports played 12 months prior to the move



# CHSAA BYLAWS – PARENT & STUDENT INFORMATION

## Transfer with Club Coach

A student transferring, moving or for any reason to a new school where the student’s non-school coach is also a coach of the school team, is considered to be attending for athletic purposes. The student, as a result of this transfer, will be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer.

As used in this Rule, the term “coach” includes any person who coaches, volunteers (regardless of compensation) or assists in any capacity with the coaching or training of the school or non-school team.

## General Transfer Information

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

## 15. Awards

Individuals participating in any interscholastic athletic/activity sponsored and/or approved by the Association shall not accept cash or merchandise awards. Awards must be symbolic in nature with no functional or intrinsic value with a cost of no more than \$50.00.

## 16. Amateur

If a student participates in a CHSAA approved sport, in other than CHSAA competition, his/her amateur status is determined by the rules of the amateur governing body of that sport.

Amateur status of Colorado high school athletes applies only to sports sanctioned by the CHSAA.

***After reviewing the above information, if you still have questions, please contact your school’s athletic director. This list is by no means inclusive; however, it is intended to outline the most common questions and bylaws. For more information, please visit our website at [www.chsaa.org](http://www.chsaa.org).***

## Checklist for Student Eligibility

***If a student cannot check all 10 items, he/she needs to contact the athletic director or principal.***

- At least 5 full credit classes.
- Option A (Failing no more than one class)
- Option B (Passing a minimum of 5 full-credit classes)
- Option C (Approved alternate academic program)
- Complied with first two items last semester.
- Physical exam within the last calendar year.
- Parent permit form on file at the school.
- Have not changed schools during the current school year without a corresponding move by parents.
- Will not or have not turned 19 before August 1.
- Have never dropped out of school.
- Will not play more than 4 seasons in any sport.
- Will not compete or practice in any non-school events in my sport once reporting out for the team, without the permission of my principal.

**I have read and understand the CHSAA Eligibility Rules as documented here as well as specifically read in the CHSAA Bylaws. I understand and acknowledge the inherent risks of participating in Athletics.**

Signed: \_\_\_\_\_ (Parent) \_\_\_\_\_ (Participant)  
\_\_\_\_\_ (School) \_\_\_\_\_ (Date)

Dear Parents,

There might be a time when your child might need to be transported home from school. Do we have your permission to transport your child by a designee of Big Sandy School District administration in exceptional circumstances?

Yes, I agree

No, I disagree

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Drug and Alcohol Use by Students**

Big Sandy School District 100-J shall promote a healthy environment for students by providing education, support and decision making skills in regard to alcohol, drugs and other controlled substances and their abuse. In order to accomplish this goal, a cooperative effort must be made among the schools, parents/guardians, community and its agencies.

It shall be a violation of Board policy and considered to be behavior which is detrimental to the welfare or safety of other students or school personnel for any student to possess, use, sell, distribute or procure or to be under the influence of alcohol, drugs or other controlled substances. The unlawful possession or use of alcohol or controlled substances is wrong and harmful to students.

For purposes of this policy, controlled substances include but are not limited to narcotic drugs, hallucinogenic or mind-altering drugs or substances, amphetamines, barbiturates, stimulants, depressants, marijuana, anabolic steroids, any other controlled substances as defined in law, or any prescription or nonprescription drug, medicine, vitamin or other chemical substances not taken in accordance with the Board's policy and regulations on administering medications to students or the Board's policy on administration of medical marijuana to qualified students.

This policy also includes substances that are represented by or to the student to be any such controlled substance or what the student believes to be any such substance.

This policy shall apply to any student on district property, being transported in vehicles dispatched by the district or one of its schools, during a school-sponsored or district-sponsored activity or event, off school property when the conduct has a reasonable connection to school or any district curricular or non-curricular event, or whose conduct at any time or place interferes with the operations of the district or the safety or welfare of students or employees.

Students violating this policy shall be subject to disciplinary sanctions which may include suspension and/or expulsion from school and referral for prosecution.

Disciplinary sanctions and interventions for violations of this policy shall be in accordance with Board policy concerning student suspensions, expulsions and other disciplinary interventions.

Situations in which a student seeks counseling or information from a professional staff member for the purpose of overcoming substance abuse shall be handled on an individual basis depending upon the nature and particulars of the case.

The Board, in recognition that drug and alcohol abuse is a community problem, shall cooperate actively with law enforcement, social services or other agencies and organizations, parents and any other recognized community resources committed to reducing the incidents of illegal use of drugs and alcohol by school-aged youths.

Whenever possible in dealing with student problems associated with drug and alcohol abuse, school personnel shall provide parents/guardians and students with information concerning education and rehabilitation programs which are available.

Information provided to students and/or parents about community substance abuse treatment programs or other resources shall be accompanied by a disclaimer to clarify that the school district assumes no financial responsibility for the expense of drug or alcohol assessment or treatment provided by other agencies or groups unless otherwise required.

The district shall provide all students and parents/guardians with a copy of this policy and its accompanying procedures on an annual basis.

The district shall conduct a periodic review of its drug prevention program to determine its effectiveness and to implement any necessary changes.

Adopted: September 19, 1990

Revised: October 20, 1993

Revised and recoded: May 18, 2011

Revised: June 2012

Adopted: November 7, 2012

Legal Ref added: Dec. 5, 2013

Revised: August 17, 2016

Revised: October 17, 2018

LEGAL REFS.: 20 U.S.C. §7101 *et seq.* (*Safe & Drug-Free Schools and Communities Act of 1994*)

21 U.S.C. 812 (*definition of "controlled substance"*)

C.R.S. 18-18-407 (2) (*crime to sell, distribute or possess controlled substance on or near school grounds or school vehicles*)

C.R.S. 22-1-110 (*instruction related to alcohol and drugs*)

C.R.S. 22-1-119.3 (3)(c). (d) (*no student possession or self-administration of medical marijuana, but school districts must permit the student's primary caregiver to administer medical marijuana to the student on school grounds, on a school bus or at a school-sponsored event*)

C.R.S. 22-32-109.1 (2)(a)(I)(G) (*policy required as part of safe schools plan*)



C.R.S. 22-33-106 (1)(d) *(suspension or expulsion discretionary for the sale of a drug or controlled substance)*

C.R.S. 25-1.5-106(12)(b) *(possession or use of medical marijuana in or on school grounds or in a school bus is prohibited)*

C.R.S. 25-14-103.5 *(boards of education must adopt policies prohibiting use of retail marijuana on school property)*

CROSS REFS.: IHAMA, Teaching about Drugs, Alcohol and Tobacco  
JIH, Student Interviews, Interrogations, Searches and Arrests  
JK\*-2, Discipline of Students with Disabilities  
JKD/JKE, Suspension/Expulsion of Students (and Other Disciplinary Interventions)  
JLCD, Administering Medications to Students  
JLCDB\*, Administration of Medical Marijuana to Qualified Students  
Big Sandy School District 100-J, Simla, Colorado

## **Student Involvement with Tobacco and Related Products**

State and federal law and Board policy prohibit student use or possession of any tobacco product or controlled substance on school property. This includes marijuana, even if legally purchased through retail establishments or prescribed.

This policy also prohibits student use or possession of any hookah product on school property.

For purposes of this policy, "tobacco product" means any product that contains nicotine or tobacco or is derived from tobacco and is intended to be ingested or inhaled by or applied to the skin of an individual, including but not limited to cigarettes, cigars, pipe tobacco, snuff and chewing tobacco. "Hookah product" means hookah tobacco and any other product used in a hookah or hookah pen, regardless of whether the product contains tobacco or nicotine. "Use" means lighting, chewing, smoking, ingesting or application of any tobacco product or hookah product.

Disciplinary measures for students who use or possess tobacco products or hookah products on school property include in-house detention, revocation of privileges and exclusion from extracurricular activities. Repeated violations may be considered defiance of authority and result in suspension from school. In accordance with state law, no student will be expelled solely for tobacco use.

### Delivery mechanisms for tobacco products, hookah products and controlled substances

Student use or possession of any delivery mechanism or device that is commonly used for the consumption, ingestion, inhalation or application of tobacco products, hookah products or controlled substances is prohibited on school grounds. This includes but is not limited to hookahs, hookah pens, vape pens and electronic cigarettes.

In addition to violating Board policy, such devices compromise the health and well-being of students and staff members, and their use on school grounds is disruptive to the learning environment. Because such devices may be used with tobacco products, hookah products or controlled substances, disciplinary consequences more severe than are imposed for use or possession of tobacco products or hookah products are warranted, and shall include but not be limited to suspension from school.

Using, possessing or being under the influence of controlled substances is a separate offense that may warrant discipline in addition to consequences imposed for violation of this policy.

First Reading: March 18, 2015  
Adopted: April 15, 2015

LEGAL REFS.: 20 U.S.C. 7181 et seq. (Pro-Children Act of 2001 contained in No Child Left Behind Act of 2001 prohibits smoking in any indoor facility used to provide educational services to children)  
C.R.S. 18-13-121 (furnishing tobacco products to minors)  
C.R.S. 22-32-109 (1)(bb) (policy required prohibiting use of tobacco products on school grounds)  
C.R.S. 22-32-109.1 (2)(a)(I)(H)(policy required as part of safe schools plan)  
C.R.S. 25-14-103.5 (tobacco use prohibited on school property)  
C.R.S. 25-14-301 (Teen Tobacco Use Prevention Act)  
6 CCR 1010-6, Rule 5-306

CROSS REFS.: ADC, Tobacco-Free Schools  
IHAMA, Teaching about Drugs, Alcohol and Tobacco  
JICH, Drug and Alcohol Use by Students  
KFA, Public Conduct on School Property

Steve Wilson, Superintendent

Sammi Swennes, Middle School/High School Principal  
Activities Director

Kathy Tucker, Elementary Principal

**Simla's JH 6-8 and HS 9-12  
Random Drug and Alcohol Testing Program  
Consent to Test Form**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

The student and his/her parent(s) or guardian acknowledge that the Simla 100-J School District has the right to perform random drug and alcohol testing on students who wish to exercise the privilege of participating in athletic/extracurricular activities.

The student and his/her parent(s) or guardians understand that as a condition of the student being allowed to participate in extra-curricular activities in the District, the student may be required to undergo, and successfully pass, random screenings for alcohol, illegal drugs, and other banned substances, as set forth in the District Drug Testing Policy for students involved in Athletics and Extra-curricular Activities at Simla Junior High Grades 6-8 and High School Grades 9-12. The student and his/her parent(s) or guardian acknowledges that they have read and understand this policy and that they agree to all terms and conditions contained in the policy and procedures.

The student and his/her parent(s) or guardian hereby consent to participate in the Random Drug and Alcohol Testing Program and to the disclosure of testing results to the District's Drug Program Coordinator and parent(s) or guardian. The student and his/her parent(s) or guardian further understand that the student's refusal to submit to a drug screening will be treated in the same manner as if the student had tested positive for a banned substance.

Any student and his/her parent(s) or guardian at Big Sandy Schools that will not participate in an activity or sport may consent to participate in random drug and alcohol testing program and to the disclosure of testing results to the District Drug Program Coordinator and parent(s) or guardian.

No student shall be penalized academically for testing positive for banned substances during random drug testing. The privilege of being allowed to participate in athletics/extra-curricular activities in the Big Sandy 100-J School District is contingent on the signing of this consent form.

This consent form shall remain in effect at Big Sandy Schools for the career of the student. Any revocation of this consent form shall disqualify the student from participating in athletics/extra-curricular activities for Big Sandy Schools.

I plan to participate in one or more of the following:  
(This also includes any other sport the student participates in but did not write down.)

**Athletic Program**---List Sports:

\_\_\_\_\_

**Extracurricular Activities**---List Organizations:

\_\_\_\_\_

I am volunteering to be place in the drug testing pool.

\_\_\_\_\_

# ***BIG SANDY SCHOOL DISTRICT 100-J***

***(719) 541-2291 Fax (719) 541-2443 or (719) 541-2186 Administration***

PO Box 68  
18091 CR 125  
Simla, CO 80835

Steve Wilson, Superintendent

Sammi Swennes, Middle School/High School Principal  
Activities Director

Kathy Tucker, Elementary Principal

## **Simla's JH 6-8 and HS 9-12 Random Drug and Alcohol Testing Program Consent to Test Form**

\_\_\_\_\_  
Student Name-Please Print

\_\_\_\_\_  
Current Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name-Please Print

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone with Area Code

# STUDENT ATHLETIC INSURANCE FORM

My (son or daughter) \_\_\_\_\_ has medical insurance to be used in case of accident or injury during athletic competition at Big Sandy Schools.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

My (son or daughter) \_\_\_\_\_ does NOT have medical insurance to be used in case of accident or injury during athletic competition at Big Sandy Schools.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Note-**If you purchase insurance from the insurance company that has information distributed through the school please read the policy carefully before purchasing so you understand the extent of that coverage. The insurance is not from the school but through a private carrier. The information is just provided through the school. If there are any claims or questions contact that insurance company.

# ATHLETIC EMERGENCY / CONSENT FORM

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

Name of Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Emergency number if not at home or work: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Family Doctor:

(1) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

(2) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ parent or guardian of  
\_\_\_\_\_, in consideration of

my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the School District, any of its agents or employees, arising out of such medical treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date