

# ATHLETIC ELIGIBILITY

Scholastic eligibility, as set forth by the Douglas County Middle School Athletics Guidelines, requires that any student who participates in athletics must be eligible prior to participation.

In addition to the rules of scholastic eligibility, each athlete is expected to conduct himself/herself according to all rules and regulations of the school. No student will be allowed to compete on the day of truancy or while suspended from school. If an event is scheduled for a non-school day, the athlete must be in accordance with these rules on the preceding day.

All athletes must abide by the Athletic Code of Conduct. All rules and regulations are considered to be in effect throughout the year. Most important are the rules on behavior and citizenship, which all students are expected to follow. Any athlete, who in the judgment of the coach or principal are found to be conducting him or herself in a matter which is not representative of the best interest of Douglas County will be suspended or dropped from the athletic program.

## GENERAL ELIGIBILITY

1. One grade at a "D" or below will make an athlete ineligible for one week (Monday through Saturday). Coaches and or parents may adopt a stricter policy but may not be more lenient. The principal or assistant principal shall have the authority to make individual student recommendations for Special Education or At-Risk students.
2. Weekly eligibility reports will be generated on the Thursday before the next week to check for athlete eligibility. Athletes will then be informed by their coaches Thursday after school and have until the next day (Friday @ 3:00pm) to get any discrepancies cleared up with that teacher. The teacher will then be the only person that can clear the athlete to be eligible for the next week's game. It is the athlete's responsibility to go to their teacher and get their grade fixed. Failure to do so will result in an athlete's ineligibility for one week. If the grade is brought up by the next Thursday grade check then the athlete is reinstated to the team and can participate in all team games or functions.
3. Ineligible athletes will not be permitted to participate in Games. They will be permitted to practice.
4. The principal or assistant principal shall have the authority to declare an athlete ineligible for participating in athletic activities based on inappropriate behavior.
5. The Middle School programs operate under a "NO CUT" policy. An athlete will not be dropped due to skill level. An athlete can be dropped for **irregular attendance, discipline, or academic reasons.**
6. Athletes must attend all scheduled school practices for all sports in order to participate in the games or contests. Any unexcused absences from practice can result in the athlete not participating in that weeks game or contest.

**Challenge to Excellence Charter School**  
**INTERSCHOLASTIC PARTICIPATION FORM**

**NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**DAYTIME PHONE/WORK #:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

**NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**PARENT'S PREFERRED HOSPITAL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION**

I hereby certify that I have examined \_\_\_\_\_ and that the student was found Physically fit to engage in school basketball, cheerleading, cross country, gymnastics, soccer, wrestling, or volleyball, (cross out any sport in which the student should **not** participate in).

**STUDENT'S BIRTHDAY:** \_\_\_\_\_

Date of Physical: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Valid for 365 days unless rescinded)

Please print  
Physicians name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_



**AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE ON SCHOOL DISTRICT BUSINESS**

Please print and complete all boxes.

**I. Driver Information**

Driver's Name	School/Dept	Purpose(s)
Driver's Address	Phone	Relationship with District
Date (s) of Driving	# of Passengers	Vehicle description

**II. CERTIFICATION**

In accordance with District Policy, approval is requested to use a privately owned automobile on official school district business.

1. I certify that my privately owned vehicle, while used for District business, will always be:
  - a. Covered by liability insurance for the minimum amount prescribed by the District: \$300,000 single limit or \$100,000/\$300,000/\$25,000 automobile liability insurance with Uninsured/Underinsured coverage.
  - b. Equipped with one fully functional seat belt for every passenger.
  - c. To the best of my knowledge, in safe mechanical condition and adequate for passenger transportation and/or work performed.
2. I further certify that while using a privately owned vehicle on official District business, all motor vehicle laws will be obeyed, including all passengers' use of seat belts and use of booster seats for any child less than 40 pounds or under 6 years of age (per Colorado State Law).  
Note: Any traffic accidents, no matter how minor, will be reported immediately to Risk Management at 303-387-0035.

3. I further certify that I am at least 21 years old, and that I possess a valid Colorado Driver's license as follows:

License Number	Date of Birth	Expiration Year
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4. I further certify that I have not been convicted of Driving Under the Influence, Driving While Impaired or Reckless Driving in the past five years.

\_\_\_\_\_  
Individual's Signature \_\_\_\_\_ Date

**III. PROOF OF INSURANCE**

Insurance Company	Policy No.	Expiration Date
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Attached is a copy of my current policy declarations page stating my coverage limits, policy effective dates, and covered vehicle information.

**IV. RECOMMENDATION**

Use of privately owned vehicle on School District business is recommended.

\_\_\_\_\_  
Site administrator's signature \_\_\_\_\_ Date

**V. Approval**

\_\_\_\_\_  
Risk Management \_\_\_\_\_ Date

**INSTRUCTIONS**

1. This form should be submitted to the Principal's secretary so it can be received by Risk Management a minimum of two weeks prior to the event to ensure adequate time for the approval process.
2. A copy of Proof-of insurance must be attached as described and the form signed by the site administrator before approval will be given.

# **STATEMENT OF UNDERSTANDING**

## **REGISTRATION FEE**

*Challenge to Excellence has set the registration fee for all middle school athletics @ \$ 100.00 per student per sport*

## **CONDITION FOR FEE REFUND**

*Refunds will be made to athletes (100%) during the first two weeks of practice, 1/2 price for the third week of practice, after the third week no refund.*

## **GENERAL**

*All forms must be turned in on or prior to that sports due date. Failure to do so may result in that athlete not participating in that sport. The dates will be announced as the sport becomes closer to starting. The forms may be handed in to the main office or with Coach Curtis.*

**Tear or cut here.....AND TURN THE BELLOW PORTION....WITH THE PHYSICIAN'S PERMIT PAGE.....**

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**I, (student) \_\_\_\_\_ HAVE READ THE ATHLETIC**

**PACKET FOR PARTICIPATION IN C2E ATHLETICS AND KNOW**

**WHAT IS EXPECTED FOR ME TO PARTICIPATE.**

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE