



Monument Academy: Required Athletic Forms





PARENT PERMISSION & PHOTO RELEASE

Monument Academy

ASSUMPTION OF RISK STATEMENT:

WARNING:

I/we are aware that participation in any sport can be a dangerous activity involving risk of injury. I/we understand that the dangers and risk of participation in any sport include, but are not limited to, death, serious neck or spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the muscular, skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being.

Because of the dangers of participating in any sport, I/we recognize the importance of following coaches' instructions regarding playing techniques, proper use of equipment, training and other team rules, and agree to obey such instructions. I/we understand that coaches may use their own judgment in securing medical aid and ambulance services in case of an emergency, or mild injuries where parents cannot be reached. Also, the coach or Athletic Director may apply first aid treatment until the parent and/or family physician can be contacted.

In consideration of permitting me to try out for Monument Academy Athletics and engage in all activities related to the team, including, but not limited to, trying out, practicing, or playing/participating in that sport, I/we hereby assume all risks associated with participation and agree to hold the Monument Academy, its' employees, agent, representative, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Monument Academy Athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I/we have read the foregoing, acknowledging the "WARNING" above, accept the risks described and agree to abide by the principles and regulations contained therein.

X _____
Student Signature Date

X _____
Parent or Guardian Signature Date

PHOTOGRAPH RELEASE:

Often, parents will set up "team hosting sites" to post and share photos of athletes that are taken at athletic events. Occasionally, the Athletic Director would like to share a team photo on the Central Colorado Athletic League (CCAL) website when one of our teams wins a league championship. Photos that are posted on the CCAL website would be of the team as a whole, and would not include names. We require permission to take and post these photos, or a refusal of permission.

Yes, I give permission to release my student's photo for promotional purposes.

No, I do not MA give permission to use my student's photo.



PHYSICAL / PHYSICIAN & INSURANCE INFORMATION

Interscholastic Participation Form

Monument Academy

PHYSICIAN'S PERMIT FOR ATHLETIC PARTICIPATION:

I certify that I have examined _____ and that the student was found physically fit to engage in any interscholastic sport including but not limited to football, volleyball, cross country, basketball, track and field, cheerleading, and soccer. (Please cross out or list any sport in which the student should not participate.)

Student's Name: _____

Student's Date of Birth: _____

Date of Physical: _____ (valid for one year)

Physician's Signature: _____

(Must be signed by MD or DO)

PLEASE PRINT OR STAMP:

Physician's Name: _____

Address: _____

Phone Number: _____

I give my consent for medical treatment deemed necessary by physicians designated by the school authorities and/or for transportation to a hospital for treatment for any illness or injury resulting from his/her athletic participation.

I understand this authorization will only be enforced when I cannot be personally contacted.

X _____
Parent or Guardian Signature Date

INTERSCHOLASTIC ACTIVITIES INSURANCE WAIVER:

I/we fully understand Monument Academy does not provide accident, health, or life insurance coverage for the above named student while he/she is participating in activities associated with interscholastic sports.

I/we further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

X _____
Parent or Guardian Signature Date

INSURANCE INFORMATION:

Provider:

Policy / Group Number:



STUDENT-ATHLETE HANDBOOK: LETTER OF AGREEMENT

Monument Academy

The Monument Academy Student-Athlete Handbook contains policies, procedures, expectations, information regarding schedules and communication, and information about specific sports/activities. All student-athletes, and parents of student-athletes must read, and agree to abide by the policies and expectations outlined in the handbook in order for student-athletes to participate in the Monument Academy Athletics Program.

You may pick up a copy of the Monument Academy Student-Athlete Handbook from the front office. A link to the Monument Academy Student-Athlete Handbook can be found on the Monument Academy website at <http://www.monumentacademy.net/secondary-school/athletics/>

We have read, understand, and are committed to abide by the policies and procedures as outlined in the Monument Academy Student-Athlete Handbook. Any violation of these policies and procedures may result in revocation of participation privileges.

Student-Athlete Signature :

Student-Athlete Name (please print): _____

Student-Athlete Signature: _____ Grade: _____ Date: _____

Parent Signature: (at least one signature is required)

Parent Name (please print): _____

Parent Signature: _____ Date: _____

Parent Name (please print): _____

Parent Signature: _____ Date: _____



**VOLUNTEER DRIVER, CONSENT TO RIDESHARE
AUTHORIZATION & CONTACT INFORMATION RELEASE**

Monument Academy

VOLUNTEER DRIVER STATUS/AUTHORIZATION:

Yes, I volunteer to transport athletes other than my own child to school sponsored athletic events in a private (non-school owned) car. ** **YOU MUST** also fill out the *Driver Authorization Form* required by Monument Academy, and the *Release Of Individual Driver Records Form* required by the State of Colorado. **YOU MUST** attach current, valid copies of your Driver's License and automobile insurance cards to the Driver Authorization Form. All of these steps must be completed in order for you to be permitted to transport athletes to school sponsored athletic events.

No, I do not volunteer to transport athletes other than my own child to athletic events in a private (non-school owned) car, or I will only transport my own child. You need not fill out the Driver Authorization Form, or the Permission For Release Of Individual Records Form.

CONSENT TO RIDESHARE:

Yes, I give my child permission to ride to school sponsored athletic events with a school approved driver in a private (non-school owned) car.

No, I do not grant permission for my child to ride to school sponsored athletic events with a school approved driver in a private (non-school owned) car. I will always transport my child to school sponsored athletic events.

CONTACT INFORMATION RELEASE: (For use in arranging carpool transportation to school sponsored athletic events)

Yes, I give permission to release my contact information to Monument Academy coaches, and other Monument Academy families involved in carpool **ONLY!**

No, I do not grant permission to release my contact information to anyone.

X _____
Parent or Guardian Signature Date



DRIVER AUTHORIZATION FORM

Authorization to Use Privately Owned Vehicle for School Athletic Events

Monument Academy

Driver Name: _____

CERTIFICATION:

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

A. I certify that whenever I drive a privately owned vehicle on school business, the vehicle will always be:

1. Covered by liability insurance for the minimum amount prescribed by the school: \$300,000 single limit or \$100,000 per person/\$300,000 per accident, bodily injury and \$50,000 Property Damage.
2. Equipped with one seat belt or child restraint system for every passenger.
3. To the best of my knowledge, in safe mechanical condition and adequate for passenger transportation and/or work to be performed.

B. I further certify that while using a privately owned vehicle on official school business, all motor vehicle laws will be obeyed, including all passengers' use of seat belts and the appropriate child restraint systems. Any traffic accidents, no matter how minor, will be reported immediately to the Director of Human Resources at 719- 481 -1950 ext. 1252.

C. I understand that as a volunteer driver, I am not covered by Monument Academy or the School District 38 automobile insurance.

D. I further certify that I am at least 21 years old, and that I possess a valid Colorado driver license:

E. I authorize Monument Academy to obtain a copy of my MVR from the State of Colorado.

X _____
Parent or Guardian Signature Date

**** PLEASE ATTACH (STAPLE) A COPY OF YOUR DRIVER'S LICENSE & INSURANCE CARD HERE. THIS FORM IS NOT ACCEPTABLE WITHOUT THE ATTACHED DOCUMENTS ****

**** PLEASE ATTACH DOCUMENTS ****



RELEASE OF INDIVIDUAL DRIVER RECORDS FORM

Please complete the form by FILLING IN THE GREY BOXES

Monument Academy



DR 2559 (10/07/16)
COLORADO DEPARTMENT OF REVENUE
Division Of Motor Vehicles
Driver Control Section, Room 164
PO Box 173350
Lakewood, CO 80217-3350
www.colorado.gov/revenue

Search Fee
Certified fee

Permission for Release of Individual Records

Driver's License offices provide only personal driving record information.
Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO
Pursuant to §24-72-204 (7)(b)(XIII), C.R.S.

I (please print) _____ hereby authorize the release of personal information as contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206 (1)(b)(I), §42-3-125 C.R.S.).

Driver's Date of Birth _____ Driver's License Number _____

Signature _____ Date _____

OR

I (please print) _____ am the parent or legal guardian of (please print) _____ and hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1- (1)(b)(I), §42-3-125 C.R.S.).

Driver's Date of Birth _____ Driver's License Number _____

Signature _____ Date _____

Release Records to (name) Sherry Buzzell Driver's License Number State

Company (if applicable) Monument Academy

Address 1150 Village Ridge Point

City Monument State CO ZIP Code 80132

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.

Signature of Requestor Sherry Buzzell Date 11/15/16

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver's license or identification card until the original check is redeemed and an administrative and short check fee are paid.