

Athletic Insurance

It is the responsibility of the parent or guardian to provide accident/health insurance coverage for their student as a condition of the student's participation in interscholastic athletic practices and competitions; Poudre School District does not independently provide such insurance coverage. The required accident/health insurance coverage may be provided under the parent's or guardian's own policy or purchased through Poudre School District for each school year of the student's athletic participation.

You have insurance

We, as parents/legal guardians of _____
have our own accident health insurance coverage with

_____ Policy # _____
Name of Company

Parent/Legal Guardian Signature Date

You will purchase insurance through Poudre School District

We, as parents/legal guardians of _____
will purchase School/Athletic Accident Insurance through Poudre School District.

Parent/Legal Guardian Signature Date

Nondiscrimination Statement

Poudre School District does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, or disability in admission or access to, or treatment or employment in, its programs and activities.



Poudre School District
2407 LaPorte Avenue
Fort Collins, CO 80521
970-482-7420

Senior High Authorization for Athletic Participation

This form must be completed in detail and filed in the office of the principal before the student will be allowed to practice or compete in athletics.

Please print.

Student (Last, First, M.I.) _____

Grade (circle) 9 10 11 12

Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Birth date _____

Name of Parent/Legal Guardian _____

Student ID# _____

Sport(s) participating in _____

School Attending _____

Physician's Certification

I certify that I have on this date examined _____ (student name), and that the student was found physically fit to fully participate in the following high school sports (physician to CROSS OUT any sport in which the student is NOT PHYSICALLY FIT to fully participate):

Baseball	Field hockey,	Gymnastics	Softball	Track & field
Basketball	Football	Lacrosse	Swimming	Volleyball
Cross country	Golf	Soccer	Tennis	Wrestling

Date of Examination _____ Phone Number _____

(Valid for 365 days unless previously rescinded)

Physician Signature Date

