



Hello CSDB Parents & Guardians,

Welcome back to CSDB school year 2024-2025!

We will offer a variety of sports and activities this year. Please see the dates below. If your child is interested in participating, please complete the forms online or bring back the hard copy to the Athletic Director by the first day of school, August 12th. The signed forms must be received to participate in any practices, games, or meets. **An athletic fee of \$50 per sport** will be collected at the beginning of each season. You will be notified that the fee is due and should be paid by the first day of the scheduled practice. The athletic fee helps cover the cost of transportation, meals, equipment, league fees, and other expenses. There will be an additional fee for any out-of-state trips. Information about additional fees will be sent to you at the appropriate time, please expect up to \$150 for every out-of-state trip. The out-of-state trips would be only for High School sports.

- **MS & HS Volleyball**- First practice on August 13th & season ends October 30, 2024.
- **MS & HS Goalball**- First practice on September 3rd and season ends December 17, 2024.
- **MS Basketball**- First practice on October 28th & season ends January 16th, 2025.
- **HS Basketball**- HS first practice on November 18th & season ends February 12th, 2025.
- **MS & HS Track & Field**- First practice on March 3rd and end May 15th, 2025.
- **Special Olympics** will be offering Bowling, Basketball and Track & Field (Please contact Jessica Rawlins at jrawlins@csdb.org for more details. Special Olympics has different forms to be filled out.)
- **We also offer many after-school activities, if you are interested in more information, please email me. We will provide flag football, soccer, archery, elementary adventures, and other activities that will be open to all grades.**

We will have our school Medical Director, Dr. Gage, on campus to do sports physicals for our athletes. He will be available for appointments during various dates throughout the year. The cost for the physical is \$20. Please email Max Wilding at mwilding@csdb.org ASAP if you would like to schedule an appointment for your athlete to receive a physical here at the school. Please understand, the health history form must be filled out and signed by parents/guardians **before** the physical exam.

Please do not hesitate to contact me directly with your questions or concerns.

Thank you,

Max Wilding
CSDB Activities Specialist / Athletic Director
mwilding@csdb.org
Text- 719-726-5165 / VP-719-358-2629





Welcome to the CSDB Athletics Program. In this packet, you will find all the required forms to complete in order to participate in the 2024-2025 Athletics Program. According to the Colorado High School Activities Association (CHSAA) bylaw 1780.1 and CSDB policies, several forms must be completed before the first game of each sport. An adequate physical examination by a licensed practitioner is required within 365 days prior to sports participation.

Parent/Athlete Checklist

- ___ Medical History Form *pages 1-2 (Must be filled out by legal guardian/parent prior to physical examination appointment).
- ___ Physical Exam Form *page 3 (To be completed by provider).
- ___ Medical Eligibility Form *page 4 (To be completed by provider).
- ___ Optional- Athletes with Disabilities Form *page 5 (to be completed by guardian/parents).
- ___ Concussion Form *page 6 (to be completed by guardian/parents and athlete).
- ___ JJJ-E Policy- Rules for Participating Athletes *page 7 (to be completed by guardian/parents and athlete).
- ___ Enclosed Athletic Fee of \$50 per sports (We accept payment by cash, check, or card online)

After all forms have been signed by guardians/parents and the physical examination has been completed by a doctor, please return all required forms to the CSDB Athletics Director, Max Wilding, as soon as possible. You can email the forms to mwilding@csdb.org or turn them in person.

Thank you and have a great year!

Go Bulldogs!



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent and not turned into the school.

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 Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU <i>(continued)</i>		Yes	No
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 and not turned into the school.

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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This medical history form should be retained by the healthcare provider and/or parent and not turned into the school.

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.

Table with 2 columns and 4 rows of medical history questions.

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

Table for Medical assessment with columns for Normal and Abnormal Findings.

MUSCULOSKELETAL - healthcare professional shall initial each assessment

Table for Musculoskeletal assessment with columns for Normal and Abnormal Findings.

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

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____



Colorado School for the Deaf and the Blind

School Year: 2024-2025

Department of Athletics

CONCUSSION AGREEMENT FORM

REMEMBER: Concussions affect people differently. While most athletes with concussion recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer.

It is better to miss one game than the whole season.

CHSAA CONCUSSION BY-LAW: Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from participation and shall not return to play until cleared by a licensed healthcare practitioner (Doctor of Medicine, Doctor of Osteopathic Medicine, Licensed Nurse Practitioner, Licensed Physician Assistant, or Licensed Doctor of Psychology with Training in Neuropsychology or Concussion Evaluation and Management).

Any health care professional or CHSAA coach may identify concussive signs, symptoms, or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a licensed healthcare practitioner (as defined above) can clear the athlete to return to play.

Return-to-Play protocol before resuming cognitive and physical activity with the help of doctors, coaches, athletic trainers, and teachers.

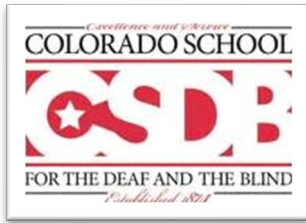
**We have read the Concussion Information Sheet and understand the expectations stated.
We understand the Colorado High School Activities Association's Concussion By-Law.**

Student-Athlete Signature

Date

Parent or Guardian Signature

Date



BOARD OF TRUSTEES

Meghan Klassen
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Dahlia Vercher
George Welsh

Ida Wilding

SUPERINTENDENT

Tera Spangler

CSDB Rules for Participating Athletes, policy JJJ-E. All athletes participating in interscholastic athletics at CSDB must comply with the general rules set by the Athletic Department. Rules for sports participation are in accordance with the Colorado High School Activities Association (CHSAA) guidelines and CSDB policies.

General Rules

- High school athletes must maintain a GPA of 2.0 or greater (each semester) to participate in athletics.
- Athletes must be in attendance at school for the entire school day in order to participate in the CHSAA-sponsored activities. In case of emergency situations, Athletic Director/School Principals/Coordinator of Student Life may grant an exception.
- Athletes must submit a physical examination statement to the Athletic Director before engaging in any sports.
- Athletes caught using, or in the possession of, tobacco, alcohol and/or drugs will be automatically dismissed from the team for the remainder of the season (in that sport); if caught a second time, students will be banned from any sports for a whole calendar year (365 days from the date of incident).
- Athletes who have been seen and cared for by Student Health Services staff for more than one hour will not be allowed to participate in that day's game. Students who have missed two or more days of school in a week are not permitted to play in that week's game.
- Athletes must pay the sport participation fee or set up a payment plan with the Athletic Director by the end of the first week of practice. If the sport participation fee is not paid, or payment arrangements are not made by the end of the first week of practice, then the student will not be able to participate in practices or games until payment, or payment arrangements, are made. If a payment plan is arranged, payment is required to be paid monthly.
- Athletes quitting the team have two days to decide to rejoin the team. The fee will not be refunded if an athlete quits the team. In addition, if a student is removed from the team, CSDB will not refund the fee.
- Athletes may participate in wrestling and basketball if scheduling permits. Coaches must agree, by December, if a student may transfer from one sport to the other (i.e., wrestling to basketball or vice versa).
- Athletes violating the CSDB code of conduct and/or other school rules will be ineligible to participate in sports until they comply with all disciplinary sanctions.
- Athletes who receive two failing grades in any two-week period will not be eligible to participate in official games/meets during the following two weeks. However, these athletes are still expected to practice with the team.
- CSDB will dismiss an athlete from the team if the athlete is ineligible twice (2-week ineligibility) during the season.
- Athletes being seen by medical personnel or doctors for emergency treatment must bring a waiver form to the Athletic Director, before being allowed to practice or play.
- Athletes breaking school/team rules will meet with the Athletic Director and the Coordinator of Student Life, to appeal the possibility of being dismissed from the team, depending upon the severity of the situation.
- Students failing to take care of uniforms/gear will be responsible for replacement costs. Athletes must return uniforms within a week to the coaches, after the season or after quitting/dismissal from the team.
- Athletes are expected to show good sportsmanship in-season and during off-season. They represent CSDB and are role models, on campus, off-campus, and in the general community throughout the school year.

We have read the above and agree to comply with the rules stated.

Student's Name (Please Print): _____

Date: _____

Student's Signature: _____

Parent's Signature: _____

Mission Statement:

The Colorado School for the Deaf and the Blind (CSDB), in collaboration with families, school districts and community partners, educates and inspires learners throughout the state, birth through age 21, to achieve their full potential through comprehensive, individualized academic, transition, residential and outreach programs and resources.

33 North Institute Street, Colorado Springs, CO 80903 Tel: 719.578.2100 Fax: 719.578.2239 www.csdb.org



Book Policy Manual

Section J - Students

Title Rules for Participating Athletes

Code JJJ-E

Status Active

Last Revised June 28, 2018