



Hello CSDB Parents & Guardians,

Welcome back to CSDB school year 2023-2024! I would like to take a moment to introduce myself, I am Max Wilding, Activities Specialist / Athletic Director at CSDB. I am thrilled to work with your student in our athletic programs at CSDB. We are excited to start our Fall sports season.

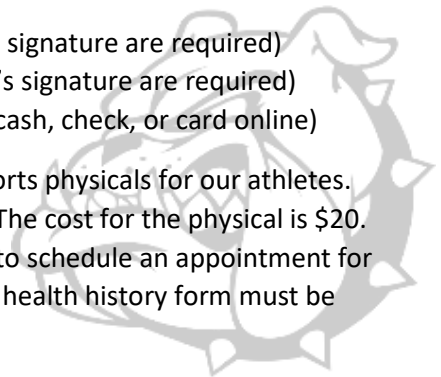
We will offer a variety of sports and activities this year. Please see the dates below. If your child is interested in participating, please complete the forms online or bring back the hard copy to the Athletic Director by the first day of school, August 14. The signed forms must be received to participate in any practices, games, or meets. **Athletic fees of \$40 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 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 out-of-state trips. Information about additional fees will be sent to you at the appropriate time, please expect up to \$100 for every out-of-the-state trip. The out-of-the-state trips would be only for High School sports.

- **MS & HS Volleyball**- First practice on August 14th & season ends October 26, 2023
- **MS & HS Goalball**- Dates to be announced.
- **MS Basketball**- First practice on October 23rd & season ends January 25th, 2024.
- **HS Basketball**- HS first practice on November 13th & season ends February 14th, 2024.
- **MS & HS Track & Field**- First practice on March 4th and end May 18th, 2024.
- **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.**

If your child is interested in participating in any of the sports above, please complete the forms in this packet and return them by the first day of practice for that sport. There is a separate form for afterschool activities, please go to that form.

- First and second page- Health History Form (Must be filled out and signed by parents/guardians)
- Third page- Optional form- Athletes with Disabilities form: Supplement to the Athlete History (Must be filled out and signed by parents/guardians)
- Fourth and Fifth page- Physical Examination Form & Medical Eligibility Form (Must be signed by Physician)
- Sixth page- Rules for Participating Athletes (Athlete and Parent's signature are required)
- Seventh page- Concussion Agreement Form (Athlete and Parent's signature are required)
- Enclosed Athletic Fee of \$40 per sports (We accept payment by cash, check, or card online)

We will have our school Medical Director, Dr. Gage, on campus to do sports physicals for our athletes. He will be available for appointments varies 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 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





Colorado School for the Deaf and the Blind

School Year: 2023-2024

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

Martin Becerra-Miranda
Meghan Klassen
Jessica Lee

Steve Lindauer
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Allan Ward

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INTERIM 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.



Book Policy Manual

Section J - Students

Title Rules for Participating Athletes

Code JJJ-E

Status Active

Last Revised June 28, 2018

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

Have you had COVID-19? (check one): Y N

Have you been immunized for COVID-19? (check one): Y N If yes, have you had: One shot Two shots

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
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

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
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)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. 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?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

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: _____

■ 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: _____

■ PREPARTICIPATION PHYSICAL EVALUATION
MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

Medically eligible for certain sports _____

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

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?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of HistoryForm).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA