



Hello CSDB Parents & Guardians,

Welcome back to CSDB school year 2024-2025!

We will offer a variety of sports and activities this year. If your child is interested in participating in interscholastic sports, please see the other letter/packet. This letter is regarding the Special Olympics sports. If your child is interested in participating, please complete the forms online or bring back the copy to the Athletic Director by the first day of school, August 12<sup>th</sup>. The signed forms must be received to participate in any practices, games, or meets. **The special Olympics fee of \$80 includes all 3 sports: bowling, basketball, and track & field** and will be collected at the beginning of each season. You also have the option to pay for each sport individually: \$50 for bowling, \$30 for basketball, or \$30 for track & field. Bowling is more due to having to pay for practicing at a bowling alley, the entire \$50 goes towards that cost. You will be notified that the fee is due and should be paid by the first day of scheduled practice. The fee helps cover the cost of transportation, meals, equipment, league fees, shirt/uniform and other expenses.

- **Special Olympics** will be offering Bowling, Basketball and Track & Field
  - o Bowling – September to October
  - o Basketball – January to March
  - o Track & Field – April to May
- **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 special Olympics sports, please complete the concussion form in this packet and return it by the first day of practice for that sport. There are as well different forms that need to be done through the Special Olympics Platform, please follow the instructions from coach Jessica Rawlins. There is a separate form for afterschool activities, please go to that form.

We will have our school Medical Director, Dr. Gage, on campus to do sports physicals for our athletes. He will be available for appointments on various dates throughout the year. The cost for the physical is \$20. Please email Max Wilding at [mwilding@csdb.org](mailto:mwilding@csdb.org) ASAP if you would like to schedule an appointment for your athlete to receive a physical here at school. (Special Olympics has their own physical form, please use that form to complete the 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](mailto:mwilding@csdb.org)  
Text- 719-726-5165 / VP-719-358-2629





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.

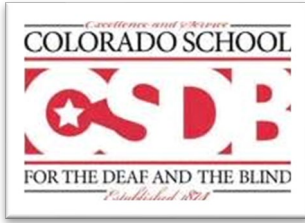
**We have read the Concussion Information Sheet and understand the expectations stated.  
We understand the Colorado High School Activities Association's Concussion By-Law.**

**Student-Athlete Signature**

**Date**

**Parent or Guardian Signature**

**Date**



BOARD OF TRUSTEES

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**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

# Athlete Medical Form – PHYSICAL EXAM

(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)



Athlete's First and Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

## MEDICAL PHYSICAL INFORMATION

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

Height	Weight	BMI (optional)	Temperature	Pulse	O <sub>2</sub> Sat	Blood Pressure (in mmHg)		Vision				
cm	kg	BMI	C			BP Right:	BP Left:	Right Vision 20/40 or better	No	Yes	N/A	
in	lbs	Body Fat %	F					Left Vision 20/40 or better	No	Yes	N/A	
Right Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Bowel Sounds	Yes	No				
Left Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Hepatomegaly	No	Yes				
Right Ear Canal	Clear	Cerumen	Foreign Body			Splenomegaly	No	Yes				
Left Ear Canal	Clear	Cerumen	Foreign Body			Abdominal Tenderness	No	RUQ	RLQ	LUQ	LLQ	
Right Tympanic Membrane	Clear	Perforation	Infection	NA		Kidney Tenderness	No	Right	Left			
Left Tympanic Membrane	Clear	Perforation	Infection	NA		Right upper extremity reflex	Normal	Diminished	Hyperreflexia			
Oral Hygiene	Good	Fair	Poor			Left upper extremity reflex	Normal	Diminished	Hyperreflexia			
Thyroid Enlargement	No	Yes				Right lower extremity reflex	Normal	Diminished	Hyperreflexia			
Lymph Node Enlargement	No	Yes				Left lower extremity reflex	Normal	Diminished	Hyperreflexia			
Heart Murmur (supine)	No	1/6 or 2/6	3/6 or greater			Abnormal Gait	No	Yes, describe below				
Heart Murmur (upright)	No	1/6 or 2/6	3/6 or greater			Spasticity	No	Yes, describe below				
Heart Rhythm	Regular	Irregular				Tremor	No	Yes, describe below				
Lungs	Clear	Not clear				Neck & Back Mobility	Full	Not full, describe below				
Right Leg Edema	No	1+ 2+	3+ 4+			Upper Extremity Mobility	Full	Not full, describe below				
Left Leg Edema	No	1+ 2+	3+ 4+			Lower Extremity Mobility	Full	Not full, describe below				
Radial Pulse Symmetry	Yes	R>L	L>R			Upper Extremity Strength	Full	Not full, describe below				
Cyanosis	No	Yes, describe				Lower Extremity Strength	Full	Not full, describe below				
Clubbing	No	Yes, describe				Loss of Sensitivity	No	Yes, describe below				

### SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)

Athlete shows **NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability. **OR**

Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and **must receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

### ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

This athlete is **ABLE** to participate in Special Olympics sports without restrictions.

This athlete is **ABLE** to participate in Special Olympics sports **WITH** restrictions. Describe → \_\_\_\_\_

This athlete **MAY NOT participate** in Special Olympics sports at this time & **MUST** be further evaluated by a physician for the following concerns:

Concerning Cardiac Exam

Acute Infection

O<sub>2</sub> Saturation Less than 90% on Room Air

Concerning Neurological Exam

Stage II Hypertension or Greater

Hepatomegaly or Splenomegaly

Other, please describe:

### Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:

Follow up with a cardiologist

Follow up with a neurologist

Follow up with a primary care physician

Follow up with a vision specialist

Follow up with a hearing specialist

Follow up with a dentist or dental hygienist

Follow up with a podiatrist

Follow up with a physical therapist

Follow up with a nutritionist

Other/Exam Notes:

		Name:	
		E-mail:	
<b>Signature of Licensed Medical Examiner</b>	Exam Date	Phone:	License #:

# Athlete Medical Form – MEDICAL REFERRAL FORM

(To be completed by a Licensed Medical Professional only if referral is needed)



Athlete's First and Last Name: \_\_\_\_\_

**This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.**

**Athlete should bring the previously completed pages to the appointment with the specialist.**

Examiner's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

I have been asked to perform an additional athlete exam for the following medical concern(s) - *Please describe:*

Concerning Cardiac Exam      Acute Infection      O<sub>2</sub> Saturation Less than 90% on Room Air

Concerning Neurological Exam      Stage II Hypertension or Greater      Hepatomegaly or Splenomegaly

Other, please describe:

<b>In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):</b>		
<b>Yes</b>	<b>Yes, but with restrictions (<i>list below</i>)</b>	<b>No</b>

Additional Examiner Notes/Restrictions:

Examiner E-mail: \_\_\_\_\_

Examiner Phone: \_\_\_\_\_

License: \_\_\_\_\_

<b>Examiner's Signature</b>	<b>Date</b>
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**This section to be completed by Special Olympics staff only, if applicable.**

This medical exam was completed at a MedFest event?      Yes      No

The athlete is a Unified Partner or a Young Athlete Participant?      Unified Partner      Young Athlete