

LAKE COUNTY SCHOOL DISTRICT



ATHLETICS & ACTIVITIES REQUIRED FORMS

Lake County Emergency Consent Form

Name of Student: _____

Name of Parent(s)/Guardian(s): _____

Home Address: _____

Mailing Address: _____

Home Phone #: _____ Work Phone #: _____

Email: _____

EMERGENCY PHONE # (If not at home or work): _____

Insurance Company: _____

Policy Number: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Medical Complications: _____

I, _____, parent of _____ in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of the Lake County School District interscholastic activities program, and hereby waive on behalf of myself and the above named child any liability of the school district, any of its agents or employees, arising out of such medical treatment.

- _____ My student is covered through our current insurance plan.
- _____ My student is currently NOT covered by a health insurance plan.

Parent/Guardian Signature: _____

Date: _____

CODE OF ETHICS STUDENT PLEDGE

*If I am selected to represent the Lake County Schools Activities/Athletics Program, I will sincerely endeavor to contribute my best to the success of that program. I understand that I represent my family, school, and community. I understand that my participation in the Lake County Activities program is not a right, **but a privilege**. It is important that I present a positive image and serve as a role model for others. Therefore, I agree to abide by the provisions of the following "Code of Conduct." I am also aware that if I do not live up to this agreement, I must accept the consequences for my behavior, which may include dismissal from the activities or athletics program(s).*

*At any time, from the first day of summer vacation, to the last day of school or a calendar year (grades 6– 12), I am on contract with the school. I shall not get involved in a fight as either a participant or witness and I shall not possess, use, consume, sell, distribute or be under the influence of any beverage containing alcohol, controlled substance, imitation controlled substance, steroids, drug paraphernalia, or any substance defined by law as an illegal drug. **It is not a violation of the policy for a student to be in possession of a legally defined drug specifically prescribed for the student's own use by their doctor. However, it is a violation to use any drug for a purpose other than its prescribed use.** In an effort to develop consistency and uniformity within this program, the following substance abuse policy will be enforced. A student will be in violation of this policy if the violation is substantiated verbally and/or in writing by:*

- 1. A law enforcement official*
- 2. A medical official*
- 3. A faculty member*
- 4. A school administrator*
- 5. The parent of that student/athlete*
- 6. The confession of that student/athlete with parent/guardian present*
- 7. A coach/sponsor*

Note: Hearsay and/or anonymous sources will not be used to substantiate violations of this policy.

Student Name (please print): _____

Student's Signature _____

Date Signed _____ Grade Level _____

CODE OF ETHICS PARENT PLEDGE

By signing this document, I acknowledge that I have read the Lake County Athletics/Activities Handbook, and I understand the possible consequences if my child violates this policy, and I agree to the following:

- To remain in the spectator area during competitions
- To not advise the coach on how to do the job
- Refrain from coaching any student during the contest
- Refrain from make insulting comments to the players, parents, officials, or coaches of either team
- Refrain from drinking alcohol at a contest or coming to a contest after having been drinking or under the influence of drugs
- Cheer for my team, not against the other team
- Show interest, enthusiasm, and support for my student and other students as well
- Be in control of my emotions
- Help when I am asked by a coach or administrator
- Be a good role model and thank coaches, officials, administrators, and other workers at school events

I understand that I am expected to abide by these guidelines as a parent/guardian of a participating student and acknowledge that failure to follow the activities/athletics handbook, school policies, and game management expectations can result in my removal or banning from school events and can also result in the removal or banning of my student from participation in athletics/activities.

Parent's Name (please print) _____

Parent's Signature _____

Date Signed: _____

WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Athletic participation by students is inherently dangerous. The consideration of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists. By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of this warning is not completely understood, please contact your school athletic director or principal for further information.

By signing this document, I acknowledge that I have read, understand, and agree to the material contained in the Notice to Athletes and Parents/Guardians.

Student's Name _____ Sport/Activity _____

Signed _____
Parent or Guardian

Date _____

Signed _____
Student

Date _____

Public Media and Social Network Policy for Student-Athletes

Public Media: Public media refers to technologies used to communicate messages and whose mission is to serve or engage a public. Public media domains include print outlets, and traditional broadcasts. When utilizing any public media outlets, student-athletes are expected to conduct themselves responsibly as members of their respective team, the Athletics/Activities Department, Lake County School District and the community.

Social Networks: Social network sites such as Facebook, Instagram, Twitter, and other digital platforms and distribution mechanisms facilitate student communicating with other students. Participation in such networks has both positive appeal and potentially negative consequences. It is important the Lake County student-athlete be aware of these consequences and exercise appropriate caution if they choose to participate.

Student-athletes are not restricted from using any on-line social network sites and digital platforms. However, users must understand that any content they make public via on-line social networks or digital platforms is expected to follow acceptable social behaviors and also to comply with federal government, state of Colorado, Lake County Schools, Frontier & Peaks League and Colorado High School Activities Association (CHSAA) rules and regulations.

Facebook and similar directories are hosted outside of the Lake County Schools server. Violations of school policy (e.g. harassing language, drug or alcohol policy violations, copyright infringement, etc.) or evidence of such violations in the content of online social networks or digital platforms are subject to investigation and sanction under the *Student Code of Conduct* and other Lake County School policies. They are also subject to the authority of law enforcement agencies.

It is incumbent upon student-athletes to be aware of all regulations. Ignorance of these regulations does not excuse student-athletes from adhering to them.

Online Guidelines for Student-Athletes

The school guidelines are intended to provide framework for student-athletes to conduct themselves safely and responsibly in an online environment. As a student-athlete at Lake County Schools you should:

1. Be careful with how much and what kind of identifying information you post on social networking sites. Virtually anyone with an email address can access your personal page. It is unwise to make available information such as date of birth, social security number, address, phone number, cell phone numbers, class schedules, bank account information, or details about your daily routine. All of these can facilitate identity theft, stalking, etc. Facebook and other sites provide numerous privacy settings for information contained in its pages; use these settings to protect private information. However, once posted, the information becomes property of the website.
2. Be aware that potential current and future employers often access information you place on online social networking sites. You should think about any information you post on Facebook or similar directories potentially providing an image of you to a prospective employer. The information is considered public information. Protect yourself by maintaining an online image that you can be proud of years from now.

3. Be careful in responding to unsolicited e-mails asking for passwords or PIN numbers. Reputable businesses do not ask for this information in e-mails and phishing perpetrators use many unique methods to fool people into clicking on links, providing information, or otherwise granting access that can disrupt the network.

4. While you do have a right to free speech, you should understand the potential implications of the speech you choose to use. Free speech does not necessarily mean complete freedom from the effects of that speech. Be wise with your words.

Prohibited Conduct: Student-athletes are highly visible representatives of the school and are expected to uphold the values and responsibilities of the school while meeting all requirements set forth by our athletics leagues (Frontier/Peaks Leagues), CHSAA, and the Lake County Athletics and Activities program. The Lake County Department of Athletics prohibits malicious and reckless behavior when utilizing public media outlets. It is important that student-athletes recognize the power of public media domains and the potentially negative image that they can portray about student-athletes, coaches, sponsors, the athletics/activities program and institution.

Sanctions: Any inappropriate activity or language in violation of the above prohibitions, including first time offenses, is subject to investigation and possible sanction by Lake County Schools and/or the Athletics Department, as well as civil authorities. Sanctions imposed by the Director of Athletics may include, but are not limited to, the following:

- Written notification from the Director of Athletics/Activities or assignee to the student-athlete outlining the policy and requiring that the unacceptable content be removed or the social network profile deactivated.
- Temporary suspension from the team/program until the prescribed conditions is met.
- Suspension from the team/program for a prescribed period.
- Indefinite suspension from the team/program.
- Dismissal from the team/program.

Agreement

I understand and agree that I am required to know, understand and follow the standards contained in the Lake County School District Public Media and Social Network Policy for Student-Athletes and Activities Program Participants. In addition, I understand and agree that I am responsible for knowing, understanding, and following the rules, policies, and procedures contained in the complete Lake County Student Handbook.

Signature _____

Printed Name _____

Sport/Activity _____

Date _____

ASSUMPTION OF RISK, RELEASE AND WAIVER of Liability

FOR Extracurricular Activities

(BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS,

INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!)

ASSUMPTION OF RISK:

As the undersigned parent or legal guardian of the participant identified above (“Child”), I understand and hereby acknowledge that Child’s participation in the District’s extracurricular activities (“Activities”), involves inherent risks and hazards, including without limitation, dehydration, heat exhaustion, heat stroke, drowning, suffocation, hypothermia, frostbite, sunburn, dehydration, slips, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, blisters, burns, muscle soreness, bruises, sprains, dislocations, lacerations, fractures, concussions, paraplegia, quadriplegia, transmission of communicable diseases, including but not limited to COVID-19, or other serious permanent physical impairment and even death, as well as minor or catastrophic property damage and loss. A complete listing of inherent and other risks is not possible. There also are risks that cannot be anticipated.

I hereby give my permission for the Child to participate in the Activities. I freely accept and fully assume all risks, dangers, hazards, and costs of Child’s participation in the Activities. I represent that the Child has no medical or physical conditions that could interfere with the Child’s safety or the safety of others while engaging in the Activities. I understand and agree that (i) the District does not have any medical/dental/hospitalization insurance covering students for injuries incurred while engaged in the Activities and related activities; (ii) the District and its employees, contractors, agents and volunteers may chaperone and admit the Child to a medical facility or seek emergency medical transportation services for the Child for purposes of receiving emergency medical and surgical treatment in a medical facility by a physician or other licensed health care provider, understanding that reasonable attempts will first be made to contact me at the contact information I supplied to the District, time and conditions permitting, and that I am solely responsible for any costs associated therewith; and (iii) I bear all costs of injury to the Child or damage to the Child’s property.

I acknowledge and agree that the Child shall comply with all policies, rules, regulations, and instructions of the District, its employees, contractors, agents and volunteers, including those implemented to reduce the risk of COVID-19 transmission, as related to the Child’s participation in the Activities or use of any equipment provided in furtherance thereof, and I acknowledge that the District will suspend or revoke the Child’s participation in the Activities if the Child does not comply with said policies, rules, regulations, and instructions.

I understand that the District cannot accept and will not have any responsibility for the Child’s or any third party’s intentional or negligent acts or omissions, including product liability, occurring during the Child’s participation in the Activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS:

In consideration of the District allowing the Child to participate in the Activities, on behalf of the Child and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on the Child's behalf against the District, its elected officials, directors, officers, employees, contractors, agents and volunteers (collectively hereinafter referred to as the "Released Parties"), arising directly or indirectly from the Child's participation in the Activities.
2. TO RELEASE AND HOLD HARMLESS THE RELEASED PARTIES from any and all liabilities, claims, causes of action, losses, damages, injuries or expenses that the Child may suffer as a result of, but not limited to, the Child's participation in the Activities.
3. TO INDEMNIFY RELEASED PARTIES and each of them for any and all expenses incurred, including without limitation, attorneys' fees and costs, as the result of any claim brought against any of the Released Parties by anyone relating in any way to the Child's acts or omissions or as a result of injury or loss sustained by the Child while participating in the Activities.
4. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns, in the event of my death or incapacity.
5. THAT THE TERMS OF THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall apply and have priority over any previous agreement or written agreement, representation, terms or conditions to the contrary, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be governed by, interpreted in accordance with the laws of, and enforced in the federal and state courts of the State of Colorado.

I HAVE FULLY READ AND UNDERSTAND THIS ASSUMPTION OF RISK, Release, AND WAIVER of Liability FOR THE ACTIVITIES AND AGREE TO BE BOUND BY IT. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, TO CONSULT WITH AN ATTORNEY TO THE EXTENT I HAVE DEEMED IT NECESSARY, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, UNDERSTAND THIS ENTIRE DOCUMENT, CONSIDER ITS EFFECTS, AND AGREE TO BE BOUND BY ITS TERMS. I ACKNOWLEDGE THAT PARTICIPATION BY THE CHILD IN THE ACTIVITY IS VOLUNTARY. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF THE CHILD AND/OR MYSELF TO BRING LEGAL ACTION AGAINST THE DISTRICT. I SIGN THIS ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY KNOWINGLY, VOLUNTARILY AND OF MY OWN FREE WILL.

Date: _____

Parent/Guardian/Legal Custodian Signature

Date: _____

Student Signature

POLICIES ACKNOWLEDGMENT

I acknowledge and agree that I will comply with all policies, rules, regulations, and instructions of the District, its employees, contractors, agents and volunteers, and CHSAA as related to my participation in the Activities or use of any equipment provided in furtherance thereof.

Date: _____

Student Signature

Date: _____

Parent/Guardian/Legal Custodian Signature

Lake County School District
Sharing Free and Reduced Price School Meal
Information with Other Programs
School Year 2025-2026

Dear Parent/Guardian:

If your student(s) qualifies for free or reduced price school meals, this information may be shared with the school/district for the purpose of waiving/discounting certain school/district program fees that you might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals.

Return this completed and signed form to: **Lake County High School Attn: Athletics**
1000 West 4th Street
Leadville, CO 80461

Yes! I **DO** want school officials to share my information with the **Athletic Program** to determine eligibility for discounting/waiving athletic fees for the 2025-2026 school year.

DO NOT share my information with the **Athletic program**. I understand that by choosing this option my child(ren) are ineligible for discounted/waived athletic fees for the 2025-2026 school year.

If you marked the **YES** box above, complete the section below to ensure that your information is shared for the child(ren) in your household grades 6-12. Your information will only be shared with the Athletic Program.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Mailing Address: _____

For more information, you may call Alison Sprague at (719) 486-6954 or e-mail at asprague@lakecountyschools.net.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.