

DIRECTIONS FOR ALL ATHLETIC PAPERWORK

PLEASE RETURN TO YOUR COACH

MUST BE COMPLETE BEFORE THE FIRST PRACTICE

1. PHYSICAL FORM - SIGNED BY A PHYSICIAN OR PHYSICIAN'S ASSISTANT ON THE BACK - SIGNED BY YOU AND A PARENT ON THE FRONT AND BACK. **(Please use the form provided)**
2. INSURANCE WAIVER - SIGNED BY A PARENT OR GUARDIAN OR IF PURCHASING INSURANCE THROUGH THE SCHOOL FORMS ARE AVAILABLE IN THE OFFICE. YOU MUST DO THIS BEFORE THE START OF PRACTICE.
3. WARNING LETTER TO STUDENTS AND PARENTS - SIGN AND RETURN ONE COPY - YOU MAY KEEP THE SECOND COPY.
4. EXTRA CURRICULAR PARTICIPATION RULES - SIGN AND RETURN ONE COPY - YOU MAY KEEP THE SECOND COPY.
5. PARENTAL CONSENT FORM FOR MEDICAL TREATMENT - TO BE FILLED OUT AND SIGNED BY A PARENT OR GUARDIAN.



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date _____ Exp. Date (good for 365 days) _____

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.**

I hereby give my consent for _____ to compete in athletics for _____ High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the *Competitor's Brochure*.

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the *Competitor's Brochure*.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

PHYSICIAN SIGNATURE REQUIRED ON BACK

KIT CARSON SCHOOL DISTRICT ATHLETIC INSURANCE WAIVER

This statement releases Kit Carson School District R-1 schools of responsibility in case of accident to my son/daughter while he/she is participating in interscholastic activities.

I fully understand that the Kit Carson School District R-1 does not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However, such insurance is made available by Kit Carson School District through an authorized agent. I further understand that it is my responsibility to provide accident insurance coverage for my son/daughter.

Student or Students Name(s) _____

1. I feel that my present insurance coverage is adequate:

Signature

Date

-OR-

2. I am purchasing student accident insurance for my son/daughter through the authorized agent approved by the Board of Education of Kit Carson School District R-1:

Signature

Date

REPORT OF THE COMMISSION ON THE STATE OF THE ECONOMY

The Commission on the State of the Economy was organized in 1971 to study the economic conditions of the State and to make recommendations for improvement.

The Commission has held numerous public hearings and has received many suggestions from citizens and business leaders. It has also conducted extensive research into the various economic problems facing the State.

The following are the major findings of the Commission:

1. The State's economy is in a state of stagnation.

2. Unemployment is high and increasing.

-50-

3. The State's infrastructure is outdated and needs to be modernized.

4. The State's tax system is regressive and needs to be reformed.

WARNING TO ATHLETES AND PARENTS OR GUARDIANS

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. Just as driving an automobile involves choice of risk, athletic participation by high school and jr. high students also may be inherently dangerous. The obligation 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 impairment 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 the foregoing is not completely understood, please contact your school athletic director or superintendent for further information.

Information: Sign both copies, retain one for your records and return the other to the school.

Student's Name _____ Sport(s) _____

This will acknowledge that we have read and understand the material contained in the NOTICE TO ATHLETES AND PARENTS OR GUARDIANS.

Signed _____ Date _____
Parent or Guardian

Signed _____ Date _____
Student

WASHINGTON STATE UNIVERSITY

THE UNIVERSITY OF WASHINGTON, SEATTLE, WASHINGTON, MAY 15, 1954

Dear Mr. [Name]:

I am pleased to hear that you are interested in the [Program Name] and would like to know more about it.

The [Program Name] is a two-year program designed to provide students with a broad background in the [Field Name]. The program includes courses in [List of Courses] and is designed to prepare students for careers in [List of Careers].

If you are interested in applying for admission, please contact the [Department Name] at [Address].

Sincerely,
[Name]

I am sure that you will find the [Program Name] to be a most interesting and rewarding experience.

Very truly yours,
[Name]

Enclosed for you are [List of Enclosures].

Very truly yours,
[Name]

[Name]

[Name]

[Name]

[Name]

[Name]

[Name]

[Name]

[Name]

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read and understand the material
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AND PARENTS OR GUARDIANS. _____

Signed _____ Date _____
Parent or Guardian

Signed _____ Date _____
Student

THE UNIVERSITY OF CHICAGO

OFFICE OF THE DEAN OF STUDENTS

CHICAGO, ILLINOIS

MEMORANDUM

TO: THE DEAN OF STUDENTS

FROM: [Name]

SUBJECT: [Subject]

RE: [Subject]

DATE: [Date]

REFERENCE: [Reference]

DETAILS: [Details]

RECOMMENDATION: [Recommendation]

APPROVAL: [Approval]

SIGNATURE: [Signature]

DATE: [Date]

OFFICE: [Office]

CONTACT: [Contact]

KIT CARSON R-1 EXTRA CURRICULAR PARTICIPATION RULES

- Use of alcoholic beverages, tobacco, or drugs will not be permitted. Use of these substances will result in dismissal from the team.

- Curfew is as follows:

Week nights	10:30 p.m.
Night before a game	9:00 p.m.

- You are expected to be at practice, unless you are ill, or have received permission from coach prior to practice excusing your absence.

- Appearance shall be suitable. Boys may not wear ear rings and hair color shall be its natural un-dyed color. Girls may highlight their hair, but coaches still retain the ultimate authority to determine whether a particular color or style meets the definition of suitable.

- **You will be expected to dress in an appropriate manner when representing the school at both home and away contests. Your coaches will inform you of specific requirements in this area prior to the start of the season.**

- Be someone that you, your family, team, school, and your community can be proud of at all times. Anything done to discredit any of the above doesn't have the team's best interests in mind and is a detriment to our program.

SIGNATURE OF PLAYER _____ DATE _____

SIGNATURE OF PARENT/
GUARDIAN _____ DATE _____

SIGNATURE OF COACH _____ DATE _____

THE TALKING POINTS FOR THE BOARD

1. The Board is pleased to report that the company has achieved a record performance in the first half of the year.

2. The Board is pleased to report that the company has achieved a record performance in the first half of the year.

3. The Board is pleased to report that the company has achieved a record performance in the first half of the year.

4. The Board is pleased to report that the company has achieved a record performance in the first half of the year.

5. The Board is pleased to report that the company has achieved a record performance in the first half of the year.

6. The Board is pleased to report that the company has achieved a record performance in the first half of the year.

7. The Board is pleased to report that the company has achieved a record performance in the first half of the year.

8. The Board is pleased to report that the company has achieved a record performance in the first half of the year.

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- Be someone that you, your family, team, school, and your community can be proud of at all times. Anything done to discredit any of the above doesn't have the team's best interests in mind and is a detriment to our program.

SIGNATURE OF PLAYER _____ DATE _____

SIGNATURE OF PARENT/
GUARDIAN _____ DATE _____

SIGNATURE OF COACH _____ DATE _____

BOARD ADOPTED 5/17/99

KIT CARSON SCHOOL ATHLETIC EMERGENCY/CONSENT FORM

NAME OF STUDENT: _____

PARENT/GUARDIAN: _____

HOME ADDRESS: _____

PHONE: HOME (_____) _____ WORK: (_____) _____

EMERGENCY NUMBER IF NOT AT HOME OR WORK: (_____) _____

INSURANCE COMPANY: _____ POLICY#: _____

FAMILY DOCTOR:

(1) _____ PHONE: (_____) _____

(2) _____ PHONE: (_____) _____

I, _____, parent or guardian 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 an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the Kit Carson School District, any of its agents or employees, arising out of such medical treatment.

Date

Signature of Parent/ Guardian

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT
5300 S. DICKINSON DRIVE
CHICAGO, ILL. 60637
TEL: 773-936-3700
WWW.CHICAGOEDU.EDU

PHYSICS 435
LECTURE 10
THERMODYNAMICS
ENTROPY
REVERSIBLE PROCESSES
HEAT CAPACITY

PHYSICS 435
LECTURE 10
THERMODYNAMICS