Items marked with an asterisk (\*) are required.

Student Athlete

Print Name:

The Colorado High School Activities Association has been the governing body of high school athletics and activities (speech, student council and music) in our state since 1921. ② Our Code of Ethics is integral to our Mission and Vision. The student's school is a voluntary member of the CHSAA and has agreed to follow its rules. Both your school and the Association believe in equal competition among schools and the close relationship between academics and activities.

ead the CHSAA Bylaws - Parent & Student Information Brochure  il the link is clicked.
nd Students initial that you have read and understood the CHSAA Competitor's Brochure
1

* Checklist for Student Eligibility	
If a student cannot check any of the items, he/she needs to contact the athletic director.	
At least 5 full credit classes.	
☐ Will abide by the rules as outlined and/or defined by school's academic plan.	
Physical exam within the last calendar year.	
Parent permit form on file at the school.	
☐ Have not changed schools during the current school year without a corresponding	move by parents.
☐ Will not or have not turned 19 before August 1 of current school year	
☐ Has not been in high school longer than 8 consecutive semesters.	
☐ Will not play more than 4 seasons in any sport.	
☐ Will not compete or practice in any non school events in my sport once reporting for without the permission of my principal.	or the team,
☐ Has complied with all other school, district, and local eligibility requirements.	
I have read and understand the CHSAA Eligibility Rules as documented here as well as specifically read in the CH understand and acknowledge the inherent risks of participating in Athletics and by signing this acknowledgment, to prevent and report hazing. I also understand that any violation of this could result in school or team consequend dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.	, I affirm my responsibility

Signature:_	_
Date:_	_
Parent / Guardia	
Print Name:_	_
Signature:_	_
Date:_	

My clicking on the Sign & Submit Form button below is my signature and indicates that to the best of my knowledge, my answers and information provided to the above questions are complete and correct. I understand that the information about my account that I have provided on this form may be used for analytical and research purposes anonymously (without any personally identifying information). I consent to the access and use of this data by Colorado High School Activities Association, the Jefferson County School District No. R-1, PlanetHS, LLC and ArbiterSports, LLC.