



**STUDENT ELIGIBILITY INFORMATION FORM
and
CHSAA Anti-Hazing Policy**

I hereby give my consent for _____

to compete in athletics for _____ High School
in Colorado High School Activities Association approved sports, except as noted on the Physical Examination
and Parent Permit Form, and I have read and understand the general guidelines for eligibility as outlined in the
CHSAA Competitor's Brochure (as found on the CHSAANow.com website).

Parent or Guardian Signature _____ Date _____

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

Student Signature _____ Date _____

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

CHSAA Anti-Hazing Policy

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing includes,
but is not limited to humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive
consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand
that hazing of any type is not permitted in any CHSAA sanctioned activity.

I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately
report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or
administrator in my school.

By signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also understand that
any violation of this could result in school or team consequences that could include dismissal from the activity or
further disciplinary consequences and/or referral to law enforcement.

Student Athlete Signature

Date