

# SOUTH UMPQUA SCHOOL DISTRICT ATHLETIC INFORMATION SHEET FOR COFFENBERRY MIDDLE SCHOOL

Student Name \_\_\_\_\_ M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
(last) (first)

Address \_\_\_\_\_  
(street) (city)

Parent or Guardian with whom you live: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Physician Phone# \_\_\_\_\_

INSURANCE REQUIREMENTS: STUDENTS PARTICIPATING IN ATHLETICS ARE REQUIRED TO BE COVERED BY INSURANCE.  
Our son/daughter will be covered by the following insurance plan or apply for school insurance:

Name of Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

OR I want my child to have school insurance. Information on the carrier, cost and coverage limitations is available at the school office.

Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that it is my responsibility to notify the School District in the event the above insurance coverage changes or is terminated. I also understand that should this coverage terminate, it is my responsibility to purchase the necessary coverage so that my child may continue participation in athletics.

Due to the nature of the physical involvement in athletics, any athlete is subject to physical injury. There is always danger of a serious permanent injury or death to an athlete and these accidents happen each year in school athletic programs in the United States. The South Umpqua School's athletic programs are well conceived, carefully coached and well equipped. We are looking forward to a year that will allow our students to safely and successfully achieve their individual and team goals.

Although the School District believes that the risk involved in participation in athletic programs is well known, there have been instances in which students or parents have maintained that they have not been advised of the risk involved. If the District has any concern relative to a student's health of fitness to participate in the extracurricular activity, then the District retains the right to require a doctor's certification attesting to the student's ability to participate. This would include concerns relative to various diseases, ailments, injuries, or other conditions, including pregnancy.

The administration and coaching staff also believes that students who participate in our athletic programs should not use illegal drugs or alcohol. The reasons for this belief are numerous, and mostly deal with physical and mental health and legality. Any athlete whose possession or use of illegal drugs or alcohol is sustained by school authorities will be subject to disciplinary action as stated in the district regulations pertaining to drug and alcohol usage.

Students who ride to a school-sponsored activity MUST receive PRIOR, WRITTEN approval from a parent or guardian BEFORE they may ride "home" in a private vehicle. The written notification MUST be received by school officials BEFORE the bus leaves for the activity.

In order to avoid any misunderstanding, the School District has prepared the following statements for signature by the student and the student's parent. If the student and his/her parents desire the student to participate in our athletic program, please sign the following statements.

## STUDENT CONTRACT

It is my desire to participate in the South Umpqua School's Athletic Program. I realize that by participating in athletics there is a risk that I could be injured and that the injury could result in a serious permanent injury or death. I also pledge that I will not be involved with the possession or use of illegal drugs, alcohol, or tobacco during any sport season in which I will participate and realize that should my possession or use of illegal drugs be substantiated by school authorities, I will be subject to disciplinary action as stated in the district regulations pertaining to drug and alcohol usage.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARENT CONTRACT

I agree to allow \_\_\_\_\_ to participate in the South Umpqua School District Athletic Program. I give my permission for him/her to be transported by the South Umpqua School District to any event in which he/she is participating as a team member. I hereby authorize the school representative to administer essential first aid when necessary. I also authorize the school representative to call for ambulance services and transport to a medical facility if such services are deemed necessary. I realize that by participation in athletics, there is a risk that my child could be injured and that the injury could result in serious permanent injury or death.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_