

SOUTH UMPQUA HIGH SCHOOL ATHLETIC INFORMATION SHEET

Student Name _____ M _____ F _____
 (last) (first) (l)
 Grade in School _____ Date of Birth _____ / _____ / _____ Age _____
 month day year
 Student Address _____
 (street) (city)
 Parent/Guardian with whom you live: _____
 (last)
 _____ / _____
 (first name, Father) (first name, Mother)
 Parent/Guardian Address _____
 (street) (P.O. Box)

 (city) (state & zip)
 Home Phone _____ Business Phone _____
 School Attended Last Semester _____

DO NOT WRITE IN THIS SPACE	
Contract _____	
Physical/Update _____	
Student Body Card _____	
Grade Check F _____ /W _____ /S _____	
Cum.GPA _____ Sem.GPA _____	
Participation Fee: \$50/Sport	
Fall _____ Winter _____ Spring _____	

Address _____
 (street) (city) (state & zip)
 Name of Family Physician _____
 Family Physician Phone _____

Fall Sport _____
 Winter Sport _____
 Spring Sport _____

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 Number _____

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 son/daughter 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 or 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, alcohol or tobacco products. 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, alcohol or tobacco products is substantiated by school authorities will be subject to disciplinary action as stated in the district regulations pertaining to drug, alcohol and tobacco product usage.

Students who ride to a school-sponsored activity **MUST** have a parent or guardian fill out a "Student Transportation in Private Vehicles" form **BEFORE** they may ride "**HOME**" in a private vehicle. The completed form **MUST** be received by school officials **BEFORE** the bus leaves for the activity, and must be renewed each sports season. (See Board Policy 8048.1)

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 CONSENT

It is my desire to participate in the South Umpqua School District 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 serious permanent injury or death. I also pledge to follow the participation standards set forth in the South Umpqua High School Athletic/Activities Participation Policy.

Date _____ Student Signature _____

PARENT CONSENT

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 participating in athletics, there is a risk that my child could be injured and that the injury could result in serious permanent injury or death.

Date _____ Parent/Guardian Signature _____