



ATHLETIC PARTICIPATION INFORMATION

Beaverton School District #48

SCHOOL SPONSORED ATHLETIC ACTIVITIES

PARENT/GUARDIAN: Please read with your student athlete. ALL INFORMATION MUST BE COMPLETED

STUDENT ID #: _____ School Attended Last Term _____ SPORT: _____

Student's Name:	Male	Female	Current School:
	<input type="checkbox"/>	<input type="checkbox"/>	
Birthdate:	Month	Day	Year
			Grade in School: _____
			Currently Enrolled in _____ Courses:
Parent/Guardian Name:		Family Physician: _____	
		Phone Number: () _____	
Home Address:		I have obtained the following type of insurance (check one):	
City: _____		() Private () Purchased separate coverage through school	
Zip Code: _____			
Home Phone: () _____		Daytime Phone: () _____	
		Health Insurance Provider:	
		Policy No: _____	
		Group No: _____	
ALLERGIES, MEDICAL CONDITIONS, ETC. THAT WE SHOULD KNOW ABOUT:			

Your son/daughter has expressed a desire to participate in a Beaverton School District #48 athletic activity. The school and district staff require certain information concerning such participation which may be helpful to you. Will you please read and then sign this information form at the bottom of the page and return it to the appropriate school personnel.

1. Each athlete must pay a student participation fee. This fee covers participation only – no insurance included.
2. Oregon's Legislature has passed a law effective with the 2002-03 school year requiring students, who participate in athletics, to pass a physical examination every two years in grades 9-12. The exam must be performed by a licensed physician (M.D. or D.O.) prior to participating in a Beaverton School District athletic program. All Freshman and Juniors will be required to have physicals. Any new student to the district, without a physical in the last two years will be required to submit proof of a physical. If a student sustains and accident, injury or serious illness, the athlete must be cleared by his/her physician prior to participating in any athletic activity.
3. **Medical insurance is required of all students participating in school athletics.** It is understood that Beaverton School District is not liable for any medical, dental, or hospital bills occurring as a result of athletic injuries incurred by a student while participating in a supervised sport, and that such bills, in excess of insurance benefits, shall be the responsibility of the student's parents or guardians.
4. Practice and game equipment, with some exception, will be issued to members of competitive teams. Students will be held monetarily accountable for school equipment issued to them. Future participation may be withheld if restitution is not made.
5. All athletes are expected to conform to the rules of scholastic eligibility, participation, and training rules as prescribed by the Oregon School Activities Association, Beaverton School District, and the athletic coaching staff. *(This information will be reviewed by the coaching staff prior to the start of the sport season with each athlete.)*

6. When teams travel for games with other schools outside the school district, transportation may be furnished by the school district. When district transportation is provided, athletes must travel both to and from the location of the contest by school-provided transportation unless exceptions are granted by the coach in charge.

7. I hereby give permission for my son/daughter to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaging in interscholastic athletics through Beaverton School District. I understand that the Certified Athletic Trainer and/or Team Physician will perform only those procedures which are within their training, credentialing, and scope of professional practice. Should hospitalization, surgery, or other invasive procedures be required, I understand that attempts will be made to contact me for my consent. In the event that I am unable to be contacted within a reasonable period of time, I authorize any duly licensed medical practitioner to perform such procedures, as may be medically necessary to alleviate the problem.

8. I realize no amount of reasonable supervision or training can eliminate all the dangers of athletic participation and that my child may suffer serious injury as a result of participation in athletic events. Notwithstanding this possibility, and with full knowledge and understanding of the risk of serious injury to my son/daughter as a result of athletic participation, I give my permission for my son/daughter to participate in all sports and activities approved by the Beaverton School District this year. If I have an exception, I have listed them below:

(Exceptions)

9. Certain athletic events may involve overnight stays in hotels, motels or dormitories. During these occasions, supervision will be provided by coaches or parent chaperones. Students will be expected to follow Beaverton School District rules and regulations. Failure to follow those rules may result in the athlete being sent home at the parents' expense and suspended/expelled from the team and school.

I have read the above and agree to the terms listed:

Signature: _____

IMPACT CONCUSSION MANAGEMENT PROGRAM:

If you do not wish to have your child participate in the program please sign below:

Beaverton School District participates in the Impact concussion management program. Athletes in high risk sports will be administered a cognitive baseline test through the athletic training program. Baseline testing will be utilized in the event of a concussion as a tool to help determine the athlete's ability to return to play. All results are kept confidential and will only be used by the Athletic Trainer, Team Physician and/or necessary medical staff.

Signature: _____