



ATHLETIC PARTICIPATION INFORMATION – 2017-18
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 <input type="checkbox"/> Female <input type="checkbox"/>	Current School: 17-18
Birthdate: _____	Month _____ Day _____ Year _____	Grade in School: 17-18 Currently Enrolled in # of Classes _____
Parent/Guardian Name: _____	Family Physician: _____	Phone Number: () _____
Home Address: _____ City: _____ Zip Code: _____	I have obtained the following type of insurance (check one): () Private () Purchased separate coverage through school	
Email Address: _____	Health Insurance Provider: _____	
Home Phone: () _____	Policy No: _____	OR: Group No: _____
Cell Phone: () _____	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. Please read and then sign this information form at the bottom of the page and return it to the appropriate school personnel.

- Each athlete must pay a student participation fee. This fee covers participation only – no insurance included.
- 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 who meets ORS 336.479 Section 1 (3)*, as outlined below, 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.

**ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."*

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: _____
 Date: _____

IMPACT CONCUSSION MANAGEMENT PROGRAM (ALL SORTS): ONLY SIGN IF YOU DO NOT WANT YOUR STUDENT TESTED

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.

Parent/Guardian Signature: _____ Date: _____
 Revised 7/1/17

2017-18

**BEAVERTON SCHOOL DISTRICT
ATHLETIC PARTICIPATION RULES**

Training Rules:

The use, possession, distribution of tobacco, alcohol, nonprescription drugs, or distribution of prescription drugs will not be tolerated for any participant in the interscholastic athletic program. This restriction includes regular school hours as well as non-school time. Violation of this rule will result in the following consequences:

First Violation: Tobacco:

Any infraction occurring on or about school premises during school hours or at any school-sponsored activities will be subject to the same sanctions as any other student. In addition, the athlete will be unable to practice or participate in any competition for up to ten (10) school days, or the duration of any expulsion.

If the violation occurs away from school or on non school days, the athlete will be unable to dress down to participate in practice or competition for up to ten (10) school days. Schools will require their athletes to be counseled by appropriate school personnel and follow any recommendations.

First Violation: Alcohol/Drugs:

Any infraction occurring on or about school premises during school hours or at any school-sponsored activities will be subject to the same sanctions as any other student. In addition, the athlete will be unable to practice or participate in any competition for up to ten (10) school days, or the duration of any expulsion.

If the violation occurs away from school or on non school days, **the athlete will be unable to dress down to participate in practice or competition for up to ten (10) school days. He/she will be required to get a chemical abuse assessment from an approved outside assessor; he/she will be expected to follow the recommendations of that assessment; and the student and parent will be expected to attend district sponsored chemical insight classes as a condition of reinstatement to the athletic program.**

Second Violation of either Tobacco or Alcohol/Drugs:

Any second infraction of these rules will result in removal from the athletic team for the remainder of the current sport season or the following sport season if the violations occurs within the last two weeks of the current sport season. This decision will be made by the principal in consultation with the school athletic coordinator, the student assistance facilitator, and appropriate coaches.

FINALLY.....

Athletes who are not in a current sport offering are still expected to conform to all athletic training rules. Athletes who bring embarrassment to their school by violation of these or other school rules will be dealt with on an individual basis. Penalty can result in removal from the athletic program.

Each athlete confronted with an accusation of alleged violation of these rules has a right to the due process. Any student/athlete who requests assistance with any substance use or abuse issue will be referred to the appropriate person for assistance. No sanctions will be levied in this case and all situations will be confidential.

SCHOOL ATTENDANCE AND PARTICIPATION

In order to participate in practice or contests, the participant must be **in school attendance the full day of such practice or contest.** Any exception must be cleared by the athletic director or principal. (Dental, Doctor, Family emergency, etc.)

OSAA ELIGIBILITY GUIDELINES

Must have passed 5 classes from previous semester

Must be enrolled in a minimum of 5 classes during the term of participation

Must be on track to graduate

Athlete Signature: _____ Date _____

Parent Signature: _____ Date _____