

**HIGH SCHOOL ONLY**  
**ATHLETIC PARTICIPATION INFORMATION AND AUTHORIZATION**

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Business Phone \_\_\_\_\_

Date First Entered High School \_\_\_\_\_ Date Entered Current High School \_\_\_\_\_

Name and location of other Schools Attended **This** Year \_\_\_\_\_ City/State \_\_\_\_\_

Name and location of School Attended **Last** Year: \_\_\_\_\_ City/State \_\_\_\_\_

On IDT     Home Schooled     Foreign Exchange     On IEP

**→ FEES must be paid before students begin practice.**

Sport: \_\_\_\_\_ Activity Fee: \_\_\_\_\_  Eligibility Card Issued     Fee Reduction Confirmed

Sport: \_\_\_\_\_ Activity Fee: \_\_\_\_\_  Eligibility Card Issued     Fee Reduction Confirmed

Sport: \_\_\_\_\_ Activity Fee: \_\_\_\_\_  Eligibility Card Issued     Fee Reduction Confirmed

Student on Reduced Lunch?  Yes  No    Student on Free Lunch?  Yes  No

District Policy Statement on file: \_\_\_\_\_ DATE OF LAST PHYSICAL ON FILE IN SCHOOL OFFICE: \_\_\_\_\_

**INSURANCE REQUIREMENTS** Students participating in athletics are required to be covered by medical insurance, either by a family plan or one that is available through the school district. I have or will purchase medical insurance for my participating student and will continue to keep it in force throughout the sports season. Any change in medical insurance between sports seasons must be reported.

**I have medical insurance. Name of medical insurance company:** \_\_\_\_\_

**FIRST AID/PHYSICIAN CONTACT AUTHORIZATION** By signing below, authorization is given for the administration of first aid when necessary, and the contact of any licensed physician acceptable to the school district in an emergency.

**STUDENT INJURY - Concussion** Student athletes participating in activities that put them at the greatest risk of sustaining a concussion will be ImPACT pre-tested to establish their individual baseline. Students with a concussion will use the Return-to-Play protocol and player return will be determined by the Athletic Trainer. Parents are responsible for informing the school of all concussions that happen in another activity.

**TRANSPORTATION AUTHORIZATION** Permission is given for my student to be transported by the Salem-Keizer School District to any event in which he/she is participating as a team member.

**OREGON SCHOOL ACTIVITIES ASSOCIATION ELIGIBILITY POLICY** I am aware that a student must be enrolled in five classes during the term he/she is participating in an OSAA-sponsored activity and must have passed five classes in the term immediately preceding the term for which the student desires to participate in an OSAA-sponsored activity. (High school courses completed during "out-of-school" summer months are applied to the in-school term immediately preceding the out-of-school summer months.) I am also aware of the "on track to graduate" requirement of the OSAA. I am also aware of the requirement that a student wishing to participate in an OSAA-sponsored activity attend school regularly. My student meets these requirements.

**PHYSICAL EXAMINATION REQUIREMENT** District policy and state law requires students in grades 7-12 participating in school athletics to get a physical every two years. **The OSAA examination form must be on file in the school office.** If the student has had any serious accident, illness, or injury since the last physical examination, a physician's clearance is necessary.

Indicate any severe allergy or medical limitations: \_\_\_\_\_

My student  NEEDS  DOES NOT NEED clearance from a physician. Family doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZATION TO PARTICIPATE** Permission is given for my student to participate in all sports by the school district. By signing below, student and parent authorize Salem-Keizer Public Schools 24J to photograph, videotape or audio tape student, and to publicly disclose the student's participation in Salem-Keizer Public Schools 24J athletic programs.

I have read and understand the High School Student-Athlete Agreement Policy.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE