

STUDENT NAME: _____

STUDENT EMAIL: _____

GRADE: _____

BIRTHDAY: _____

SEX: M F

PLACE OF BIRTH: _____

PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT EMAIL: _____

PRIMARY TELEPHONE: _____

SECONDARY TELEPHONE: _____

Name of emergency contact: _____

(in case parents cannot be reached)

TEL: _____

1. Have you ever represented another high school in an interscholastic activity?
If yes, list schools & sports. _____
2. Have you ever played on or against a professional team or individual?

3. Have you ever accepted any article of compensation other than a school athletic award for participating in a sport? Explain:

4. Have you ever registered in a high school and withdrawn before the end of the semester? _____ If yes, where? _____ Why? _____
5. If any of the information on this form changes during the school year, please report the new information to the school immediately.
6. The information provided in completing this form is true and correct. Upon signing this eligibility form I realize that if I am ineligible, my school, the team, and I will suffer the consequences of my ineligibility.

Signature of Student

Date

APPROVAL: I understand that the Board of Education carries no athletic insurance and does not assume responsibility for injuries sustained in practice or games. If insurance coverage for injuries is desired, I recognize that such coverage is the responsibility of the parent. **NOTE:** Insurance protection is obtainable from private insurance companies or Healthy Kids of Oregon depending on income levels. Rates and injury information may be obtained free from your preferred medical provider.

If your child/children do not have health coverage, check the box to be contacted by Healthy Kids of Oregon for NO to LOW cost health insurance for children 0 to 19 years old.

I approve the participation of my child in interscholastic athletics during his high school career, and authorize the school representative to administer essential first aid where necessary.

Parent/Guardian Signature(s)

Date

STATEMENT OF RISKS: PORTLAND PUBLIC SCHOOLS

Any sport, which may result in great exertion or contact with fixed or moving surfaces will contain inherent risks of serious bodily harm, which cannot be eliminated. The possibility of injuries from these dangers must be accepted by the player and the player's family.

The possibility of injury can be reduced, but not eliminated, by knowing and using proper techniques and fundamentals, maintaining good physical conditioning, being alert at all times and attending all training and practice sessions.

As a condition of permission to participate, player assures he/she will use proper techniques and fundamentals, maintain good physical conditioning, stay alert at all times, attend all training and practice sessions, follow instructions, obey the rules of the game, and get regular medical evaluation.

No student will be allowed to participate in practice or games until this form is signed and dated by both the student and parent/guardian.

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, _____, hereby acknowledge that I understand the above "STATEMENT OF RISKS". If I want more information, I will personally contact the coach. I realize that by participating in the sport(s) during the current school year, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in temporary or permanent, partial, or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the listed sport(s) and should I choose to participate in the listed sport(s), I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the listed sport(s).

Signature of Student

Date

ACKNOWLEDGEMENT OF WARNING BY PARENTS

We/I the parent(s) of _____ do hereby acknowledge that we/I understand the above "STATEMENT OF RISKS". If we/I want more information, we/I will personally contact the coach. We/I realize that our/my child named above may suffer serious injury, including but not limited to, sprains, fractures, brain damage, paralysis or even death by participating in the listed sport(s) and should we/I choose to allow our/my child to participate in the sport(s) during the current school year. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury which may result to our/my child, named above, we/I give our/my consent to his/her participating in the below sport(s).

I acknowledge that my student athlete might be transported by a representative of the District in his/her own personal vehicle. I am aware that Portland Public Schools is not responsible for: 1) The District representative's insurance; 2) Injuries or property damage that may occur while my student is transported in a District representative's personal vehicle.

In other circumstances, a parent/guardian or fellow student might transport another student athlete. In these situations, the District is not responsible for organizing or approving these transportation plans.

Parent/Guardian Signature(s)

Date

INTENDED ATHLETIC PARTICIPATION

Name: _____

Year in School: (circle) FR SO JR SR

Intended Athletic Participation: Circle ALL that apply

Fall	Winter	Spring
Cross Country	Basketball	Baseball
Dance	Dance	Golf
Football	Swimming	Softball
Soccer	Wrestling	Tennis
Volleyball	Equestrian	Track
Cheerleading	Snowboarding	Lacrosse
Water Polo	Alpine Ski	Rugby