



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 <input type="checkbox"/>	Female <input type="checkbox"/>	Current School: _____
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): () Private () Purchased separate coverage through school	
City: _____	Zip Code: _____		
Home Phone: () _____	Health Insurance Provider: _____		
Cell Phone: () _____	Policy No: _____	Group No: _____	
Parent Email: _____			
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.

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 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:
Parent Signature: _____
Date: _____

**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 (2.5 credits) from previous semester

Must be enrolled in and passing a minimum of 5 classes (2.5 credits) during the term of participation

Must be on track to graduate according to OSAA guidelines

Athlete Signature: _____ Date _____

Parent Signature: _____ Date _____

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: _____

Name: _____

Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____

Sport(s): _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Foods Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS		
1. When was the student's last complete physical or "checkup?" Date: Month/ Year ____ / ____ (Ideally, every 12 months)	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?	YES	NO
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?		
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS		
16. Do you cough, wheeze or have difficulty breathing during or after exercise?		
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY		
30. Have you ever had a menstrual period?	YES	NO
31. How old were you when you had your first menstrual period? _____		
32. How many periods have you had in the last 12 months? _____		

Explain "yes" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

**BEAVERTON SCHOOL DISTRICT
WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE
DISEASES INCLUDING COVID-19**

Student Name: _____

Grade: _____ Home Phone: _____

Address: _____

Parent(s)/Guardian(s) Names: _____

Parent/ Guardian phone: Work: _____ Home: _____ Other: _____

The novel coronavirus ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **Beaverton School District cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in _____ [sport or activity]. Participation in _____ [sport or activity] includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.**

In consideration for providing my child the opportunity to participate in _____ [sport or activity] and any related transportation to and from _____ [sport or activity] events, both my child and I voluntarily agree to waive and discharge any and all claims against District and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child's participation in _____ [sport or activity].

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the _____ [sport or activity], the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District from all liability for any loss regardless of cause, and claims arising from the student's participation in the _____ [sport or activity]

Student Signature

Date

Parent/Legal Guardian Signature

Date