



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: _____		Health Insurance Provider:
Home Phone: () _____		Policy No: _____ Group No: _____
Cell Phone: () _____		
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 an 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: _____

School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised April 2023

HISTORY FORM

(Note: Form to be completed by the patient and parent/guardian prior to seeing the provider. Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

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

Over the last two weeks, how often have you been bothered by any of the following problems?
Give answers as 0 to 3, using this scale: 0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

Little interest or pleasure in doing things:	0	1	2	3	Feeling down, depressed, or hopeless:	0	1	2	3
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Note to Providers: If combined score is 3 or greater, the student should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

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

GENERAL QUESTIONS	YES	NO	THESE QUESTIONS LET US KNOW ABOUT ANY BONE OR JOINT PROBLEMS THAT COULD LIMIT YOUR ABILITY TO BE PHYSICALLY ACTIVE.	YES	NO
1. Do you have any concerns you would like to discuss with your provider?			15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
2. Has a doctor or other healthcare professional ever denied or restricted your participation in sports for any reason?			16. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
3. Do you have any ongoing medical issues or recent illness?			THESE QUESTIONS LET US KNOW ABOUT ANY CURRENT OR PAST MEDICAL ISSUES		
4. Have you had a COVID-19 infection that required hospitalization?			17. Do you cough, wheeze, or have difficulty breathing during/after exercise?		
THESE QUESTIONS LET US KNOW ABOUT THE HEALTH OF YOUR HEART			18. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
5. Have you ever passed out or nearly passed out during or after exercise?			19. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			20. Do you have any recurring skin rashes, or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
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: _____			22. Have you ever had numbness, had tingling, had weakness in your arms or legs or been unable to move your arms or legs after being hit or falling?		
9. Has a doctor ever ordered a test for your heart? For example, electrocardiography (ECG) or echocardiography.			23. Have you ever become ill while exercising in the heat?		
10. Do you get lightheaded or feel shorter of breath than your friends during exercise?			24. Do you or does someone in your family have sickle cell trait or disease?		
11. Have you ever had a seizure?			25. Have you ever had, or do you have any problems with your eyes or vision?		
THESE QUESTIONS LET US KNOW ABOUT HEART HEALTH IN YOUR FAMILY. PLEASE ANSWER AS BEST YOU CAN.			THESE QUESTIONS LET US KNOW IF YOU ARE PROVIDING YOUR BODY WITH ENOUGH ENERGY (FUEL) WHEN YOU ARE PHYSICALLY ACTIVE		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 35 years (including drowning or unexplained car accident)?			26. Do you worry about your weight?		
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			27. Are you trying to or has anyone recommended that you gain/lose weight?		
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			28. Are you on a special diet or do you avoid certain types of food or food groups?		
			29. Have you ever had an eating disorder?		
			30. Have you ever had a menstrual period? (If yes, please answer the following questions.)		
			31. How old were you when you had your first menstrual period? _____		
			32. When was your most recent menstrual period? _____		
			33. 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 ©2023 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. OHA mental health related resources can be found on the OSAA website via the QR code above or at <https://www.osaa.org/resources>.

**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 _____