



# **ATHLETIC CLEARANCE FORM**

Lakeridge Middle School – 2024/25

**ATHLETIC FEE & CLEARANCE FORM MUST BE SUBMITTED PRIOR TO PARTICIPATION**

**Student Name:** \_\_\_\_\_ M  F  X  **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:**(\_\_\_\_) \_\_\_\_\_

**Parent Contact:** \_\_\_\_\_ **Cell Phone :** (\_\_\_\_) \_\_\_\_\_

**Parent email:** \_\_\_\_\_

**INSURANCE REQUIREMENTS:** Students participating in athletics are required to be covered by insurance. Our student is covered by the following insurance plan:

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Due to the nature of physical involvement in athletics, any athlete is subject to physical injury. **There is always a danger of a serious permanent injury or death to an athlete.**

Although the Lake Oswego School District believes that the risk involved in participation in athletic programs is well known, there have been instances in which students or parents have maintained that they have not been advised of the risk involved. **By signing below, the student and parent acknowledge that they have been advised of the risks involved in their participation in athletic programs.**

## **STUDENT CONSENT**

It is my desire to participate in the Lake Oswego School District’s Athletic Program. **I realize that by participating in athletics there is a risk that I could be injured, and that the injury could result in serious permanent injury or death.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

I agree to allow the above student to participate in the Lake Oswego School District’s Athletic Program. I give my permission for my child to be transported by the Lake Oswego School District to any event in which they are participating as a team member. I also authorize school representatives to administer essential first aid when necessary.

**I realize that by participating in athletics, there is a risk that my child could be injured, and that the injury could result in serious permanent injury or death.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

## **PHYSICIAN:**

**A physician signature is required every two years.** If you turned in a physician signature for the 2023/2024 school year, you may skip this section. If you did NOT turn in a physician signature during the 2023/2024 school year, you MUST have a physician complete this section.

**I have examined this student and declare this student physically fit for interscholastic competition.**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician Name (Please Print)**

## **GENERAL CONDUCT AND BEHAVIOR**

- **Athlete responsibilities:** As an athlete, you represent your school and your team when you are in your school as well as traveling to other buildings. You will often be judged by your actions and conduct both off and on the athletic court. Your conduct should always be such that it brings credit to everyone involved.
- **Respect others:** This includes opponents, the fans, the referees and the facility you are playing in. Do not let the improper behavior of others dictate yours. Work to uphold the good reputation and sportsmanship characteristic of our school.
- **Sportsmanship and attitude:** These are the most important aspects of our athletic program. Name-calling, obscene language and gestures, yelling at officials, and other inappropriate behavior will not be tolerated. Attitude at practice and in competition should include cooperation and attention to directions and comments given by your coach.
- **Be positive:** At all times, a positive mental attitude is the most important asset of any successful team. Make no statement that would devalue yourself, your teammates, your opponent, or the referee.

## **TEAM RULES**

- **Attendance:** All participants are required to attend school the full day in order to practice or play in a contest. Doctors' appointments on the day of a contest must be pre-arranged.
- **Study Habits:** Each player is expected to understand the primary reason for being in school is his/her education. Proper study time should be set aside to complete class assignments. If problems develop in this area, the coach should be consulted.
- **Practice Regulations:** The team is incomplete without you. Consistent tardiness to practice may result in suspension or limited playing time in the next game. Missing practice without a legitimate reason may result in your dismissal from the team. Acceptable reasons for missing practice include sickness or family emergencies. Please try to schedule appointments around the practice schedule. If you are going to miss practice for any reason, it is your responsibility to LET YOUR COACH KNOW BEFORE THE PRACTICE.

## **GOALS**

- **The Middle School Program:** is a **no-cut** program. Any student who wants to play on a school team will have the opportunity with these expectations:
  - We will have one coach per volleyball and basketball team. Cross country, wrestling and track will have more than one coach, dependent on the number of athletes participating.
  - Volleyball and basketball participants will be divided into teams as equally in talent and numbers as possible.

## **GENERAL INFORMATION**

- **Uniforms:** Uniforms will be provided by the school and should be worn only during games. An athlete is responsible for the uniform checked out to them. Fines are levied for uniforms not returned at the end of the season and participation in future seasons will not be allowed until the fines are paid.
- **Injuries:** All injuries need to be reported to your coach promptly.