2025-2026

Please print in INK

Valor Middle School (VMS)
Sport and Activity
Information/Insurance/Consent Form

Please CIRCLE all that apply:

FALL	WINTER	SPRING
B-Soccer	Wrestling	Track
G-Soccer	B-Bskt	
Football	G-Bskt	
V-Ball		

IMPORTANT NOTE: Every student athlete must have medical insurance, and state law requires that all students have a valid physical examination at least once every two years. VMS will accept physical exams performed in the previous school year, provided the exam is recorded in the state-mandated format. No student will be allowed to participate, play, or practice in any way until complete paperwork has been submitted and processed.

Personal Information

Name: _____ Date of Birth: _____ Grade: _____
Last First

Address: _____
Street, Apartment, or PO Box City and Zip

Home Telephone: _____ Alternate Telephone: : _____

Parent/Primary Emergency Contact

Name: _____ Contact Telephone: _____

Secondary Emergency Contact

Name: _____ Contact Telephone: _____

Insurance Information

Students participating in athletics must have appropriate insurance coverage. Please indicate your coverage below. Coverage must be maintained throughout the time of participation in Valor Middle School athletics.

☐ School Insurance (purchased from school) ☐ Migrant 1-M Program

☐ Family Insurance _____ _____
Company Name Policy Number

Consent for Participation/Helmet Warning

By signing below, the parent and student acknowledge the following statements and warnings:

1. I permit this student to participate in Valor Middle School athletics and activities.
2. **We (parent/guardian and student) have read and understand the academic eligibility requirements and code of conduct of VMS, and understand the consequences associated with violation of those rules.**
3. I permit VMS to transport this student to any activity/event in which he/she is participating as a team member.
4. I understand that a risk of injury is associated with participation in activities and contests.
5. I authorize VMS personnel to secure appropriate medical treatment for this student as necessary.
6. I authorize the release of this student's medical records and information regarding injuries or illnesses that are sustained while participating, or that may affect participation in athletics and/or activities at VMS. I understand that the information released will be used only to ensure safe participation in interscholastic athletics, activities, or PE classes, ensure safe rehabilitation of injury in accordance with the physician's wishes, and otherwise facilitate appropriate health care as is conditionally necessary. This authorization is in effect for a period of one calendar year from the date signed below.
7. **(For football) HELMET WARNING: NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL. DO NOT USE THE HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER. THIS IS IN VIOLATION OF THE FOOTBALL RULES AND SUCH USE CAN RESULT IN SEVERE HEAD OR NECK INJURIES, PARALYSIS OR DEATH TO YOU AND POSSIBLE INJURY TO YOUR OPPONENT. (-NOCSAE, 4/2014)**
8. I understand that I may revoke any or all of the above authorizations at any time by doing so in writing to VMS. I also understand that the above authorizations are a requirement of participation and that revocation will result in removal of this student from the activity.
9. **I understand that signing below declares all information to be truthful and that insurance coverage is current and will be maintained during the term of participation during the school/athletics year.**

Parent/Guardian Signature: _____ **Date:** _____ **Student Signature:** _____ **Date:** _____

RAPTOR ATHLETIC POLICY

GUIDING PRINCIPLES:

- **Sportsmanship:** Respect those you play against as well as those you play with.
- **Integrity:** Represent Valor Middle School with honor at all times, during, before, and after school.
- **Accountability:** Hold yourself and your teammates to the highest standards on and off the field.

GENERAL REQUIREMENTS:

- No Athlete may quit one athletic team and turn out for another sport after the first scheduled athletic contest of a given season except when there is a medical reason verified by a doctor.
- Any student who quits one sport and turns out for another sport prior to the first scheduled contest does so with the knowledge and consent of both coaches involved as well as school administration.
- Theft of school district or any other individual's equipment or property will not be tolerated. Such acts will be deemed conduct detrimental to the team and punishment can range from suspension to removal.
- Use or possession of alcoholic beverages, tobacco, or drugs will not be tolerated. Disciplinary action for such offenses will follow district policy and result in immediate removal from the team.
- A Student who has been ill or injured and has medical treatment cannot participate again until the date indicated by the student's doctor or by parent consent.
- All athletes are required to turn in insurance information, physical forms, and athletic policy forms to the athletic director before they begin practice.
- Athletes are representing Valor Middle School. Any actions during school, or at a school function, that is determined to be detrimental to the team, will result in disciplinary actions.

ATTENDANCE:

You will be expected to attend every practice unless you notify a coach, **in person**, prior to the practice. All absences will be considered unexcused until a note from a parent and/or guardian explains the absence. In order to participate in a game, a student must participate in the practice prior to the game unless prearranged or excused. Students must be in school the day of a game, not have any unexcused tardies, or absences the week of the game in order to participate. (Exceptions: Doctor or dental appointments, or religious holidays.)

REASONS FOR DISMISSAL:

- Three unexcused absences (from practices or games)
- Violation of General Requirements (Coaches/Athletic Directors discretion)
- Removed from games or practices more than once (as a participant or as a spectator)
    - Grounds for removal: Fighting, vulgar language or actions, any conduct detrimental to the team.

ACADEMIC GUIDELINES:

- Students must be passing all classes with a "D" or above.
- Grade checks will be completed weekly. If a student drops below a passing grade at any time during a sport, they must notify their parents and coach immediately.
- The student will then have one week to bring their grade up to passing without any consequences. During this time students will continue to practice after school and can participate in games.
- If the student fails to bring their grade up to passing during this one-week probation, they will then begin participating in after school study hall, from 3:20-4:00, and then will go to practice. Students are not eligible to participate in games if they have not brought their grade up upon completion of their one-week probation.
- Students will be considered inactive team members, who can only participate in practices, until academically eligible for a period of two weeks. If the student doesn't bring their grade up to passing, they will no longer be able to practice or participate until all grades are passing as approved by administration and coach(es).
- If a student is on probation for an extended period of time (three weeks or more) the student's continued participation is up to both the administration and coaches.
- Students are responsible for missing work, including projects and exams, and will proactively work with teachers to make up any missing work.
- Grades from the prior semester will carry into the next; students might begin their season 'on probation'.
- Students that are on probation will not travel with the team for away games.

***Your signature below indicates you have read and accept the conditions set forth by these regulations.**

_____ _____

Student Name (print) **Grade**

_____ _____

Parent/Guardian Signature **Date**

MEDICAL HISTORY- TO BE COMPLETED BY PARENT

NAME: _____ **BIRTHDATE:** _____

(YES)	(NO)	(Don't Know)		
_____	_____	_____	1.	Has anyone in the athlete's family died suddenly before the age of 50 years?
_____	_____	_____	2.	Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
_____	_____	_____	3.	Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?
_____	_____	_____	4.	Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
_____	_____	_____	5.	Does the athlete have a history of a concussion (getting knocked out) or seizures?
_____	_____	_____	6.	Has the athlete ever suffered a heat-related illness (heat stroke)?
_____	_____	_____	7.	Does the athlete have a chronic illness or see a physician regularly for any particular problem?
_____	_____	_____	8.	Does the athlete take any prescribed medicine, herbs or nutritional supplements?
_____	_____	_____	9.	Is the athlete allergic to nay medications or bee stings?
_____	_____	_____	10.	Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc)?
_____	_____	_____	11.	Has the athlete ever had prior limitation from sports participation?
_____	_____	_____	12.	Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
_____	_____	_____	13.	Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
_____	_____	_____	14.	Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
_____	_____	_____	15.	Has the athlete ever been hospitalized overnight or had surgery?
_____	_____	_____	16.	Does the athlete lose weight regularly to meet the requirements for your sport?
_____	_____	_____	17.	Does the athlete have anything he or she wants to discuss with the physician?
_____	_____	_____	18.	Does the athlete cough, wheeze, or have trouble breathing during or after activity?
_____	_____	_____	19.	Does the athlete have asthma?

Explain any YES answers: _____

Parent/Guardian's Statement:
I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate.
I hereby give permission for my child to participate in sports/activities.
I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury of illness deemed urgently necessary by a licensed athletic trainer, coach or medical practitioner.
I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment. I hereby authorize release of these examination results to my child's school.

SIGNED: _____ **DATE:** _____

Parent/Guardian

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."

PHYSICAL EXAM SECTION- TO BE COMPLETED BY THE DOCTOR

Height_____ **Weight**_____ **Pulse**_____ **BP**____/____(____/____,____/____)

Pupils: Equal Unequal **Vision R20/** **L20/** **Corrected:** Y N

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1st and 2nd heart sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

CLEARANCE

[ ] Cleared **[ ] Cleared after completing evaluation/rehabilitation**

[ ] Not cleared for: _____

Reason:_____

_____

_____

Name of Physician (print/type)_____ **Date:**_____

Address _____ **Phone** _____

Signature of Physician_____

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