

GRANT UNION HIGH SCHOOL  
ACTIVITY PARTICIPATION INFORMATION  
(required in all grades each new school year)

Student Name \_\_\_\_\_  
 Last First MI

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ 7 8 9 10 11 12  
 Month Day Year Grade

School attended last year \_\_\_\_\_  
**IF NEW TO GUHS YOU MUST REPORT TO THE ATHLETIC DIRECTOR FOR TRANSFER FORMS**

Father \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact (name) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Your son/daughter has expressed a desire to become a member of a Grant Union High School athletic team or to participate in a field trip activity. The school feels that there is certain information concerning trips/activities which may be helpful to you. Please read and sign this information and return it to the school office.

1. Each athlete must have a physical exam upon first sign-up and/or grades 9 and 11. Also, students new to the school district must have a current physical exam on file. This must be completed prior to the beginning of practice and on file in the Athletic Director's office.
2. It is to be understood that Grant School District #3 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 or activity, and that such bills in excess of insurance benefits shall be the responsibility of the parent/guardian or student.
3. I am advised that students are held responsible for all player's equipment owned by the school. Each student will be held monetarily accountable for school equipment issued. Future participation may be withheld if restitution is not made.
4. All team members are to conform to the rules of scholastic eligibility, participation and training prescribed by the OSAA, School Dist. #3 and the athletic coaches or advisors.

5. Insurance is required to practice or compete. Check A or B as appropriate.

A \_\_\_\_\_ My son/daughter is covered by insurance purchased at school for the school year (school time and 24 hr. insurance cover all sports except football)

B \_\_\_\_\_ My son/daughter is fully covered by insurance carried by parent/guardian.

Name of insurance company (required) \_\_\_\_\_

Policy # \_\_\_\_\_

(Please complete even if purchasing football insurance)

6. Recognizing that as a result of such participation medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care, I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances.
7. My son/daughter has permission to be transported to/from activities by Grant School District #3 transportation. Any exceptions must have written, prior approval from the administration.
8. I wish my son/daughter to have the privilege of participating in the school activities program and therefore has my permission to participate in the activities approved by Grant School District #3 Board of Education and to go with the coach/advisor on any regularly scheduled trips.
9. I hereby give permission to use personally identifiable information (photos and name) in school publications or to the public at large through the local media.

The policies here and in the Student Handbook have been read and are understood. I will comply with the activities policy set forth.

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Parent/Guardian Date

# Grant Union Jr/Sr High School Pre-Arranged Absence Form

**Procedures for pre-arranged absences:** All absences other than illness and emergencies should be planned for in advance. Forms are available in the office. **This may take several days to complete and the form must be completed before the end of the day before the absence begins.**

- The student will:
1. Pick up the form in the office.
  2. Take the form to each class for the day for teachers to complete and sign.
  3. Take the form home for a parent signature.
  4. Submit to the office for signature by an Administrator (office keeps a copy).
  5. Complete all work to be turned in on the day of return.

Student Name: \_\_\_\_\_

Dates/Periods you will be gone: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Period 1 Teacher Signature: \_\_\_\_\_

Assignments: \_\_\_\_\_

Period 2 Teacher Signature: \_\_\_\_\_

Assignments: \_\_\_\_\_

Period 3 Teacher Signature: \_\_\_\_\_

Assignments: \_\_\_\_\_

Period 4 Teacher Signature: \_\_\_\_\_

Assignments: \_\_\_\_\_

Period 5 Teacher Signature: \_\_\_\_\_

Assignments: \_\_\_\_\_

Period 6 Teacher Signature: \_\_\_\_\_

Assignments: \_\_\_\_\_

Period 7 Teacher Signature: \_\_\_\_\_

Assignments: \_\_\_\_\_

Period 8 Teacher Signature: \_\_\_\_\_

Assignments: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_

Approval/Disapproval

Reason: \_\_\_\_\_

