

**LOWELL SCHOOL DISTRICT 71**  
**DISTRICT ATHLETIC PACKET**  
(TO BE COMPLETED BY PARENT/GUARDIAN)

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**STUDENT INFORMATION**

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**Student Name:** \_\_\_\_\_  
First Last **Birthdate:** \_\_\_\_\_  
MM / DD / YY

**Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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**PARENT INFORMATION**

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**Parent/Responsible Adult:**  Mother  Father  Grandparent's  Step  Foster  Other \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
First Last

**Home Address:** \_\_\_\_\_  
Address-Not PO Box City State Zip

**Mailing Address:** \_\_\_\_\_  
If different then Home Address City State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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**EMERGENCY CONTACTS**

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**Emergency Contact:**  Grandparent  Aunt  Uncle  Family Friend  Caseworker  Other \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
First Last Suffix

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**MEDICAL INFORMATION**

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**Student's Doctor:** \_\_\_\_\_  
Name Phone

**Hospital of Choice:** \_\_\_\_\_

Please check one  
below:

- My student is covered by school insurance, which was purchased during this school year.
- My student is covered by a family insurance policy or OHP.

Name of insurance company: \_\_\_\_\_

In the past year my student has:  
Mark all that apply and explain all "yes" answers

- Had injuries requiring medical attention  No  Yes \_\_\_\_\_
- Had an illness lasting more than a week  No  Yes \_\_\_\_\_
- Been under a physician's care  No  Yes \_\_\_\_\_
- Had a surgical operation  No  Yes \_\_\_\_\_
- Been hospitalized  No  Yes \_\_\_\_\_

District

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### MEDICAL INFORMATION CONTINUED

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Is your student currently taking prescription medication?  
 No  Yes

Will a dose be required during a practice game or on the bus?  
If "yes" answer question A  No  Yes

A. May your student self-administer this prescription medication?  
If "yes" answer question B  No  Yes

B. What prescription medications may your student self-administer? \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency/Time \_\_\_\_\_

Does your student wear glasses?  No  Yes

Does your student wear contact lenses?  No  Yes

Does your student have any physical limitations or serious allergies?  No  Yes \_\_\_\_\_

Please explain here

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### PERMISSIONS

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My student may participate in:  Football  Volleyball  Basketball  Wrestling  Track  Cross Country  Baseball  Softball

I hereby give my permission for my student to participate in competitive school athletics, which are approved by the Lowell School Board.

→ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MM / DD / YY

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**SIGNATURE**

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My student has my permission to go with the coach on any regularly scheduled trips.

I understand that the district will exercise reasonable safety precautions to avoid athletics related injuries, but I accept that the district assumes no financial obligation for any injuries that may occur. I recognize that students are held responsible for all players' equipment owned and issued by the school. I verify that the information in this document is true and correct to the best of my knowledge. If it is determined that the information I have provided is false, I acknowledge that my student could be removed from school athletics immediately.

→ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MM / DD/YY

**LOWELL SCHOOL DISTRICT 71**  
**DISTRICT ATHLETIC POLICY**

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**STUDENT ATHLETE RESPONSIBILITIES**

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The coaches of Lowell High School believe that participation in sports provides a wealth of opportunities and experiences, which assist students in personal growth and adjustments. A student who wishes to participate in athletics is voluntarily making a choice of self-discipline and cooperation. Failure to follow the rules of training and conduct may mean suspension and/or exclusion from the squad. We are striving for excellence in self-development and performance.

**Student athletes are required to:**

1. Always act in a manner that is a credit to yourself and your team on and off the field.
2. Assume a role of leadership to the school and the community.
3. Be a role model for younger students. They will copy you in many ways, always set good examples for them.

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**ELIGIBILITY RULES**

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**All students who wish to participate in any sport must comply with the following items:**

1. A physical examination by a qualified medical examiner is required before entrance into competitive athletics, then every other year until grade 10.
2. A current (school year) Annual Interval History Form for those who have met the physical examination requirements. Form includes Health history, Parent or Guardian Consent, and Insurance Arrangements.
3. A student athlete must be in attendance for a full day or have a prearranged absence to be eligible for a contest or practice.
4. Observe all the special training rules imposed by the coach of the sport.
5. Complete the practice sessions required for each sport before participation in a game.
6. Attend school regularly. An unexcused absence from school constitutes an unexcused absence from practice.
7. Any injury or illness, which requires a doctor's attention will also require that the doctor give written permission before participation, can be resumed.
8. Parent/Guardian signature consenting to/denying release of the student's name, height weight to the media.

9. Meet satisfactory progress towards graduation and have passed five classes the preceding semester.
10. A full time student not passing five class for three consecutive weeks will lose eligibility for the following week.
11. Maintain membership in the Lowell High School Student Body, by purchasing a Student Body ID card.
12. All other eligibility rules are set by the Oregon Schools Activities Association, O.S.A.A.

### TRAINING RULES & REGULATIONS

**Student athletes are to abide by the following rules and regulations for the duration of the respective sports seasons:**

1. At no time shall any athlete possess, use, transmit, or be under the influence of drugs of any kind, including tobacco. Nor shall the athlete have in his/her possession any device, container or apparatus associated with the above.
2. He/she must also display good school citizenship at all times.
3. An athlete shall be responsible for all athletic equipment that has been checked out to him/her for the season.

### VIOLATIONS

**A first time violation of the drug policy will result in a one-week suspension from athletic contests. A second violation will cause dismissal from that sport for the remainder of the season. A letter will be sent to the parent of an athlete who is suspended or dismissed from the team. See athletic Handbook for further details.**

**An appeals board will be set up for any athlete who wishes to appeal his/her suspension or dismissal. The board will consist of the athletic director, the coaches not involved in the season of sports, and athletes.**

### SIGNATURE

**I verify that I have read, understand, and agree to abide by the terms of the District Athletic Policy as listed above. I acknowledge that if it is determined that my student has failed to abide by the District Athletic Policy, my student could be removed from school athletics immediately.**

→ **Printed Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

→ **Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

→ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_