

LOWELL SCHOOL DISTRICT 71
DISTRICT ATHLETIC PACKET

(TO BE COMPLETED BY PARENT/GUARDIAN)

STUDENT INFORMATION

Student Name: _____ **Birthdate:** _____
First Last MM / DD / YY

Gender: _____ **Grade:** _____

PARENT INFORMATION

Parent/Responsible Adult: ☐ Mother ☐ Father ☐ Grandparent ☐ Step ☐ Foster ☐ Other _____

Legal Name: _____
First Last Suffix

Home Address: _____
Physical Address – **Not PO Box** City State Zip

Mailing Address: _____
If different from Home Address City State Zip

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

EMERGENCY CONTACTS

Emergency Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

MEDICAL INFORMATION

Student's Doctor: _____
Name Phone

Hospital of Choice: _____

Please check one:

- ☐ 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	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Had an illness lasting more than a week	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Been under a physician's care	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Had a surgical operation	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Been hospitalized	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____

MEDICAL INFORMATION CONTINUED

Is your student currently taking medication? ☐ No ☐ Yes _____

Name of medication(s)

Will a dose be required during a practice game or on the bus? ☐ No ☐ Yes

If "yes" answer question A

A. May your student self-administer this medication? ☐ No ☐ Yes

If "yes" answer question B

B. What 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

PERMISSIONS

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

→ Parent/Guardian Signature: _____ Date: _____
MM / DD / YY

SIGNATURE

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

STUDENT ATHLETE RESPONSIBILITIES

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. To always act in a manner that is a credit to yourself and your team on and off the field.
2. As an Athlete you assume a role of leadership to the school and the community.
3. As a student-athlete you are a role model for younger students. They will copy you in many ways, always set good examples for them.

ELIGIBILITY RULES

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 non-refundable sports fee must be paid before the first contest of each sport. A student athlete who participates in three sports during the year does not pay the sports fee for the third sport.
4. A student athlete must be in attendance for a full day or have a prearranged absence to be eligible for a contest or practice.
5. Observe all the special training rules imposed by the coach of the sport.
6. Complete the practice sessions required for each sport before participation in a game.
7. Attend school regularly. An unexcused absence from school constitutes an unexcused absence from practice.
8. Any injury or illness, which requires a doctor's attention will also require that the doctor give written permission before participation, can be resumed.
9. Parent/Guardian signature consenting to/denying release of the student's name, height weight to the media.
10. Have passed five classes the preceding semester.
11. A fulltime student not passing five class for three consecutive weeks will lose eligibility for the following week.
12. Maintain membership in the Lowell High School Student Body.
13. 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.

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: _____