

GHS ATHLETIC/ACTIVITY PARTICIPATION AGREEMENT

Student Name: _____ Date of Birth: _____ Grade _____

Both sides of this form must be completely filled out before your child can participate in Athletics/Activities at Gervais High School.

Student Resident Address: _____

Parent/Guardian Name: _____ Cell Phone: _____

E-mail address: _____

Parent/Guardian Name: _____ Cell Phone: _____

E-mail address: _____

EMERGENCY CONTACT

In an emergency, if we cannot get a hold of you, we will notify your emergency contact.

Emergency Contact #1: _____ Cell Phone: _____

Name Relationship

Emergency Contact #2: _____ Cell Phone: _____

Name Relationship

As a part of our ongoing efforts to protect your child in the case of a brain injury we ask all athletes, at the beginning of their first sport season each year, to register some baseline personal information into an online database run by an organization known as "IMPACT Training". This organization is sanctioned by the Oregon School Activities Association (OSAA). Your child will be asked to provide personal medical information consistent with their pre-participation physical. This information is used to compare a pre- and post-test assessment for a concussion related issue. If your child sustains a potential brain injury, this information could be a valuable, supplemental resource to medical professionals. For more information visit <https://www.impacttest.com/audience/?teams-1>

If you do not want your child to participate in this program please sign below.

Signature of Parent Date

ALL ATHLETES MUST BE COVERED BY INSURANCE

My son/daughter is fully covered by a parent's or guardian's insurance. The school will not be liable for any injury that occurs during athletic/activity practices, contests or travel to and from competitions.

NAME OF INSURANCE COMPANY POLICY NUMBER

My son/daughter has taken out School Insurance. _____
DATE School Official

Physician's Name: _____ Physician's Phone: _____

Preferred Hospital: _____

Date of Last Physical: _____

Please describe below any health concerns/conditions your child has which you feel we should know about (inhaler, epi pen, allergies, previous injuries):

PLEASE SIGN AT THE END OF THIS DOCUMENT!

PLEASE CIRCLE ALL SPORTS AND ACTIVITIES IN WHICH YOU WISH TO PARTICIPATE

Volleyball

Football

Soccer

Basketball

Wrestling

Track

Baseball

Softball

FFA

Aguilas de Oro

NHS

Student Council

Leadership

Other: _____

Disclaimer:

I want my son/daughter to have the privilege of participating in athletics/activities. He/she has my permission to compete in sports/activities, which have been approved by the Board of Education for School District # 1. He/she has my permission to go with the coach on any regularly, scheduled trips. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur.

I understand that sports and/or activities participation involves some risk, and I accept the possibility that my child may be slightly, seriously or even fatally injured depending on the nature of the sport in which he/she is participating.

Emergency Care:

Your signature at the end of this document indicates:

- that you (parent or guardian) and your son/daughter (participant) have read and understand all information in this Athletic/Activity Participation Agreement.
- that you give your permission for a coach, advisor, teacher or other school personnel to transport, or arrange for transportation for, your son/daughter to a medical facility for treatment when deemed necessary.
- that you give your permission to have your son/daughter receive diagnostic, therapeutic and operative procedures as deemed necessary by professional, medically trained individuals so that no unnecessary delays to treatment occur.
- that, throughout this school year, you agree to update your personal information, medical information or medical insurance information should that become necessary

Signature of Parent

Date

As a student participant in athletics/activities, I have read and I agree to abide by the rules and consequences as detailed in this Athletic/Activity Participation agreement and the Athlete and Activities Handbook. If I am of age to use tobacco products, I agree not to use any such products for the duration of this agreement.

Signature of Participant/Student

Date

Coaches and activity advisors, please submit all completed Athletic/Activity Agreement forms to the office.