

**MIDDLE SCHOOL ONLY**  
**ATHLETIC PARTICIPATION INFORMATION & AUTHORIZATION**

FOR SCHOOL USE ONLY	
Date of last physical on file in school office: _____	<input type="checkbox"/> Athletic Agreement Stmt. (INS-F011) on file.

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Primary Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Primary Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Primary Phone \_\_\_\_\_

School athletics are partially funded by student paid athletic fees. For those families that might have difficulty meeting fee requirements, a reduced fee option is available. The assessment and collection of these fees should not eliminate any student from participation. In order to qualify for this fee, parent must complete the Sharing Form (FNS-F001) or CEP Form authorizing school officials to verify student is receiving free or reduced meals. No athletic fee reduction will be approved unless this form is completed. Families experiencing extreme financial hardship should work with the School Administrator to discuss other options available.

**➡ FEES MUST BE PAID BEFORE PARTICIPATION IN FIRST GAME. NON-REFUNDABLE EXCEPT IN CASE OF MOVING, ACCIDENT, OR EXTENDED ILLNESS.**

<b>PARTICIPATION</b> <i>(Please mark the sports you wish your student to participate in)</i>	<b>SPORT</b>	<b>FULL FEE \$45</b>	<b>REDUCED FEE \$15</b>	<b>FEE REDUCTION CONFIRMED</b>
<input type="checkbox"/>	All Grades Cross Country			
<input type="checkbox"/>	8 <sup>th</sup> Grade Football			
<input type="checkbox"/>	8 <sup>th</sup> Grade Volleyball			
<input type="checkbox"/>	7 <sup>th</sup> Grade Volleyball			
<input type="checkbox"/>	All Grades Wrestling			
<input type="checkbox"/>	All Grades Track & Field			

**INSURANCE REQUIREMENTS** Students participating in athletics are required to be covered by medical insurance, either by a family plan or one that is available through the school district. I have or will purchase medical insurance for my participating student and will continue to keep it in force throughout the sports season. Any change in medical insurance between sports seasons must be reported.

**I have medical insurance. Name of medical insurance company:** \_\_\_\_\_

**FIRST AID/PHYSICIAN CONTACT AUTHORIZATION** By signing below, authorization is given for the administration of first aid when necessary and to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident or illness, and I will provide payment for these. Every reasonable effort will be made to reach the parent(s) as soon as possible.

**STUDENT INJURY - Concussion** Student athletes participating in activities that put them at the greatest risk of sustaining a concussion will be ImPACT pre-tested to establish their individual baseline. Students with a concussion will use the Return-to-Play protocol and player return will be determined by the Head Coach. Parents are responsible for informing the school of all concussions that happen in another activity.

**TRANSPORTATION AUTHORIZATION** Permission is given for my student to be transported by the Salem-Keizer School District to any event in which he/she is participating as a team member.

**PHYSICAL EXAMINATION REQUIREMENT** District policy and state law requires students in grades 7-12 participating in school athletics to get a physical every two years. **The OSAA examination form must be on file in the school office.** If the student has had any serious accident, illness, or injury since the last physical examination, a physician's clearance is necessary.

Indicate any severe allergy or medical limitations: \_\_\_\_\_

**AUTHORIZATION TO PARTICIPATE** Permission is given for my student to participate in all sports by the school district. By signing below, student and parent authorize Salem-Keizer Public Schools 24J to photograph, videotape or audio tape student, and to publicly disclose the student's participation in Salem-Keizer Public Schools 24J athletic programs.

I have read and understand the Middle School Student-Athlete Agreement Policy, INS-F011.

_____	_____	_____	_____
SIGNATURE OF STUDENT	DATE	SIGNATURE OF PARENT	DATE