

Vernonia School District 47J: **Athletic Emergency Form**

Student's Last Name	First Name	Middle	Other Name	Sex	DOB / /	Grade
Student's Physical Address		Home Phone		City	State	Zip
First Emergency Contact Name/Relationship			Second Emergency Contact Name/Relationship			
Home #			Home #			
Work #			Work #			
Cell #			Cell #			
Physician Name		Health Notes:				
Phone ()		Allergies:				
Hospital Preference		Medications:				
Parent Signature Required:						
In case of accident or serious illness, if no responsible parent/guardian or emergency contact can be reached, do you authorize and direct the school officials to send your child to a doctor and/or hospital for medical treatment?						
Yes _____ No _____ Parent Signature _____ Date _____						

Athletic Participation Permit

My son/daughter _____ has my permission to participate in competitive school athletics that have been approved by the Board of Education of the local School District and to go with the coach on any regularly scheduled trips. I do not want my son/daughter to participate in any of the following sports: _____.

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 am advised that students are held responsible for all player's equipment owned and issued by the school.

My son/daughter is fully covered by insurance carried by his/her parents or guardian and the school will not be liable for any injury that occurs during athletic practices, contests, or travel to and from athletic activities.

REQUIRED

Name of Insurance Company: _____ **Policy #** _____ **Exp. Date** _____

Please circle the sport(s) that your son/daughter plans to participate in:

Fall:	Cross Country	Football	Volleyball	Cheer
Winter:	Basketball (Boys & Girls)	Equestrian	Wrestling	
Spring:	Baseball	Golf	Softball	Track

Please complete both sides

****I understand that the school has the right to do drug testing with all athletes.**

Parent/Guardian Signature _____ **Date** _____

**ADMINISTRATIVE SCHOOL DISTRICT 47J
1201 Texas Avenue
Vernonia, OR 97064**

**EXHIBIT A TO DRUG TESTING POLICY
GENERAL AUTHORIZATION FORM FOR INTERSCHOLASTIC
ATHLETIC PROGRAM PARTICIPATION**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Vernonia School District Board and the sponsors for the activity in which I participate.

I also authorize Vernonia School District to conduct a test on a urine specimen, which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Vernonia School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student Signature: _____ **Date** _____

Parent Signature: _____ **Date** _____

I HAVE READ THE ATHLETICS & ACTIVITIES PARTICIPATION POLICY – PARTICIPANT CODE OF CONDUCT, AND AGREE TO SUPPORT AND ABIDE BY THE TERMS AND CONDITIONS OF THE POLICY, AS WELL AS ALL OTHER ELIGIBILITY AND TRAINING RULES OF THE DISTRICT.

Student Name (Please Print): _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____