# Vernonia School District 47J: Athletic Emergency Form

Student's Last Name	First Name		Middle	Other Na	ame	Sex	DOB	Grade
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Student's Physical Address			Home Phone Cit		City	State	Zip	
First Emergency Contact Name/Relationship			Second Emergency Contact Name/Relationship					
Home #			Home #					
Work #			Work #					
Cell #			Cell #					
Physician Name	Health Note	s:						
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					Da	te	

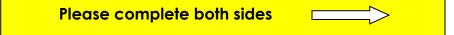
#### **Athletic Participation Permit**

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 <u>do not</u> 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 spo	ort(s) that your son/daughter pl	lans to participate in	:		
Fall:	Cross Country	Football	Volleyball	Cheer	
Winter:	Basketball (Boys & Girls)	Equestrian	Wrestling		
Spring:	Baseball	Golf	Softball	Track	



**\*\*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:	
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