

OROVILLE JR./SR. HIGH ATHLETIC PARTICIPATION FORM

ATHLETE NAME _____ GRADE _____

PARENT EMAIL ADDRESS _____

HOME PHONE _____ PARENT WORK PHONE _____ PARENT CELL PHONE _____

Sports: Fall _____ Winter: _____ Spring: _____

Please fill **both** sides of this form out completely including ALL sections

ATHLETIC ELIGIBILITY

Please accurately answer the following questions pertaining to athletic eligibility. A participant/parent/guardian who provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year.

Yes No The above student resides within the boundaries of the Oroville School District 410 with parents or legal guardian.

Yes No The above student was enrolled in the Oroville School District 410 last school year and attended regularly.

If any of the above was answered NO, Where do/did you live and attend school last? _____

INSURANCE

We understand that our son/daughter cannot participate in interscholastic athletics unless he/she is insured by the school accident coverage plan OR a private insurance plan which will cover athletic injuries. (Check one below)

We have adequate insurance coverage with _____ (medical) _____ (dental) (policy kept in force throughout sports season) and accept full responsibility for the cost of treatment for any injury my son or daughter may suffer while participation in the schools interscholastic athletic program.

We do not have adequate insurance coverage and want to enroll our son/daughter in the School Athletic Insurance Program offered through the District; I understand that it is my responsibility to obtain the necessary forms from the school office.

PARENT CONSENT/ASSUMPTION OF RISK

We hereby give our consent for our son/daughter to engage in interscholastic activities provided by the Oroville School District unless disapproved by the examining physician. We also give our consent for the student to accompany the team on out-of-town trips. We have read, understand, and will comply with the Athletic Code of the Oroville School District. We have read, understand and will comply with the above-mentioned enrollment and insurance stipulations. This application to compete in interscholastic athletics in the Oroville School District 410 is made with the understanding that eligibility rules and regulations of the state association have not been violated. Competitive athletics is a voluntary, extra-curricular activity and participation may result in severe injury, including paralysis or death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury. **AS A CONDITION OF PARTICIPATION IN ATHLETICS, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT.**

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

Athletic Code Acknowledgement

The signature page denotes that the athletic code has been received, read and signed by participants. This page will be kept on file in the school office. The consequences of code will be in effect from the first time it is signed until a student graduates from high school, though he/she will be expected to sign the code every year.

Student-athlete Signature Date

Parent or Legal Guardian Signature Date

Concussions: Risks and Signs

I have received a copy of the Oroville School District Concussion Information form and understand the severity of concussions and that the precautions outlined will be followed by the student and parent. If a concussion is ever suspected, it is your responsibility to take the actions as prescribed on the form. By signing below you acknowledge receipt of the form and understand the inherent risks in playing football and other sports, especially related to concussions.

Parent or Legal Guardian Signature Student-athlete Signature Date

All sections of the Oroville Jr./Sr. High School Athletic Participation form must be signed and turned in to the front office before student-athletes are able to participate.