

2017-18 PPS/PIL Youth Sports Information and Parent Consent – Basketball and Track & Field ONLY

STUDENT LAST NAME: _____

FIRST NAME: _____ MID INIT: _____

SCHOOL ATTENDING: _____

YEAR IN SCHOOL: (CIRCLE) 6th 7th 8th

GENDER: FEMALE _____ MALE _____

PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN TELEPHONE: _____

CELL PHONE: _____

EMAIL: _____

EMERGENCY CONTACT:

NAME: _____ Phone: _____

Please indicate hoody size - Adult Sizes Only (check one)

Adult Women's Sizing:

XS _____ Sm _____ Med _____ Lg _____ XL _____ XXL _____

Adult Men's Sizing:

Sm _____ Med _____ Lg _____ XL _____ XXL _____

Shoe Sizing:

Women's _____ Men's _____

PARTICIPATION FEES: (select one)

_____ \$150 _____ \$60 (FOR FREE/REDUCED LUNCH RECIPIENTS)

Method of Payment: (select one)

_____ Check – Make Payable to PIL Athletics

_____ Cash

(ADDITIONAL DONATION TO THE PARTICIPATION FEE NEED BASED SCHOLARSHIP FUND)

_____ \$35 _____ \$125 _____ \$250 _____ \$500

***MAKE CHECK PAYABLE TO PIL ATHLETICS**

TOTAL AMT ENCLOSED \$ _____

INTENDED ATHLETIC PARTICIPATION (circle one):

Basketball

Track

APPROVAL: I understand that the Board of Education carries no athletic insurance and does not assume responsibility for injuries sustained in practice or games. If insurance coverage for injuries is desired, I recognize that such coverage is the responsibility of the parent. **NOTE:** Insurance protection is obtainable from private insurance companies or Healthy Kids of Oregon depending on income levels. Rates and injury information may be obtained free from your preferred medical provider.

- ☐ If your child/children do not have health coverage, check the box to be contacted by Healthy Kids of Oregon for NO to LOW cost health insurance for children 0 to 19 years old.

I approve the participation of my child in the PPS middle school sports program and authorize the school representative to administer essential first aid where necessary.

Parent/Guardian Signature(s)

Date

STATEMENT OF RISKS: PORTLAND PUBLIC SCHOOLS

Any sport, which may result in great exertion or contact with fixed or moving surfaces will contain inherent risks of serious bodily harm, which cannot be eliminated. The possibility of injuries from these dangers must be accepted by the player and the player's family.

The possibility of injury can be reduced, but not eliminated, by knowing and using proper techniques and fundamentals, maintaining good physical conditioning, being alert at all times and attending all training and practice sessions.

As a condition of permission to participate, player assures he/she will use proper techniques and fundamentals, maintain good physical conditioning, stay alert at all times, attend all training and practice sessions, follow instructions, obey the rules of the game, and get regular medical evaluation.

No student will be allowed to participate in practice or games until this form is signed and dated by both the student and parent/guardian.

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, _____, hereby acknowledge that I understand the above "STATEMENT OF RISKS". If I want more information, I will personally contact the coach. I realize that by participating in the sport(s) during the current school year, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in temporary or permanent, partial, or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the listed sport(s) and should I choose to participate in the listed sport(s), I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the listed sport(s).

Student Signature

Date

ACKNOWLEDGEMENT OF WARNING BY PARENTS

We/I the parent(s) of _____

do hereby acknowledge that we/I understand the above "STATEMENT OF RISKS". If we/I want more information, we/I will personally contact the coach. We/I realize that our/my child named above may suffer serious injury, including but not limited to, sprains, fractures, brain damage, paralysis or even death by participating in the listed sport(s) and should we/I choose to allow our/my child to participate in the sport(s) during the current school year. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury which may result to our/my child, named above, we/I give our/my consent to his/her participating in the below sport(s).

I acknowledge that my student athlete might be transported by a representative of the District in his/her own personal vehicle. I am aware that Portland Public Schools is not responsible for: 1) The District representative's insurance; 2) Injuries or property damage that may occur while my student is transported in a District representative's personal vehicle.

In other circumstances, a parent/guardian or fellow student might transport another student athlete. In these situations, the District is not responsible for organizing or approving these transportation plans.

Parent/Guardian Signature(s)

Date

EMERGENCY MEDICAL INFORMATION

Sport _____ Year _____

Participant Name _____ Gender _____

Address _____

Age _____ Birth Date _____

Parent/Guardian Name _____

Phone: Primary _____ Secondary _____ Other _____

To Be Filled Out By Parent

Doctor _____ Phone _____

Address _____ Zip _____

Hospital _____ Phone _____

Insurance ☐ Yes ☐ No Group No. _____

Name of Company _____ ID No. _____

Backup Emergency Contact _____

Phone: Home _____ Work _____ Cell _____

=====

Does student have any special medical problems? ☐ Yes ☐ No

If yes, please explain _____

Is student taking any medication? ☐ Yes ☐ No

If yes, please specify _____

Is student allergic to any drugs? ☐ Yes ☐ No

If yes, please specify _____

When did student receive his/her last tetanus shot? _____, 20 _____

In case of illness, accident or other emergency involving this student, the principal of coach is authorized to act on my behalf if I cannot be contacted. The school district is not responsible for any related ambulance or health care costs that might be associated with an emergency response for an athlete's injury.

Signature of Parent or Legal Guardian_____
Date