

Athlete Emergency Information/Insurance/Waiver/Code of Conduct

South Albany High School Athletics

Student Name _____ Sport/Activity _____ Grade ____

Parent or Legal Guardian Name _____

Street Address _____

City _____ Zip _____ Contact Phone _____

Family Doctor _____ Doctor's Phone _____

Medical Information

List all current medications:

List all allergies:

List all existing conditions:

List all past major athletic injuries with dates:

In case of emergency when I cannot be reached, I, the parent or guardian of the above named athlete gives my permission to the GAPS representative to obtain emergency transport, hospitalization, treatment, or medication for the above named student. I hereby give my permission to the physician selected by the representative of the district to order injections, anesthesia, or surgery for the student-athlete named above. Any directions to the contrary, as well as known allergies, medications, medical alerts, or concerns are specified in the section above.

Parent Signature _____ Student Signature _____ Date _____

Before a student is allowed to participate in co-curricular activities (practice or competition) he/she must have the parents or legal guardian of the student complete and sign this Consent Form. No student may participate in any athletic class activities without the signed Consent Form and signed Waiver of Liability.

Athletic/Activities Insurance Policy

The School District strongly recommends that each parent provide insurance coverage. If the student is not covered by private insurance they have the option of purchasing third party identified insurance. Third party identified insurance forms can be obtained from the athletic office at the high school or the main office at any school. Parents or guardians also have the obligation to notify the athletic director if insurance is cancelled or terminated. Parents or guardians hereby acknowledge that the School District does not provide any insurance coverage for any student participating in athletic/class activities. The undersigned parents or guardians hereby acknowledge that it is their responsibility to provide medical insurance and/or pay for all medical bills of all kind of the student.

Please write the name and policy number of the company that covers your student.

Insurance Company _____ Policy # _____

Waiver of Liability

I acknowledge that I have been advised, cautioned and warned by the District that by participating in the activity of _____ my student is exposed 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 a temporary or permanent, partial or complete impairment of the use of my student's limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my student's desire to participate in this activity. Should my student choose to participate in the above sport/activity, I hereby further acknowledge that I do so knowing and understanding the risk of serious injury that I am exposing my student to in his/her sport(s)/activities.

In consideration for providing my student the opportunity of participating in _____, while fully recognizing the dangers and hazards inherent in participating in the above mentioned sport/activity and any related transportation to and from events, to the fullest extent allowed by law, on behalf of myself and my minor student, I hereby voluntarily agree to waive and discharge any and all claims of whatever nature and release from liability, fully and finally, for myself, my student, our estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and hold harmless the Greater Albany Public School District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action, or demands including attorney's fees, arising out of any injuries of any kind, whether physical or emotional, to me, my student, or to our property, or losses of any kind which may result from or in connection with my student's participation in the sport/activity. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of my student and myself.

Parent/Legal Guardian signature _____ Date _____

Printed name of Parent _____

CODE OF CONDUCT

SOUTH ALBANY ATHLETIC CODE - ACKNOWLEDGEMENT FORM

The South Albany High School Code of Conduct is on the South Albany High School website. Please read the Code of Conduct thoroughly and refer to it as needed. To find our website, please go to <http://www.albany.k12.or.us/sahs/>; select the 'Athletics' tab; then 'Athletic Department Handbook' If you are not able to access our website, please contact the SAHS Athletic Department (541) 967-4522 and we will supply you with a hardcopy of the Code of Conduct.

After reading the Athletic Code of Conduct, please sign the form below and return to the Athletic Office before the first day of practice.

By signing this acknowledgement form, the athlete and the athlete's parent or guardian agree to abide by the rules and procedures set forth in the South Albany High School Athletic Code throughout the athlete's career at South Albany High School. Prior to team try-outs, a student participant and his/her parent or guardian must sign and return to the team's coach this acknowledgement form.

Student-Athletes Acknowledge:

I wish to try-out for and/or participate in school-sponsored interscholastic athletics. I have read the South Albany High School Athletic Code and agree to follow the standards of conduct and procedures contained therein as a condition of my participation in interscholastic athletics at South Albany High School. I understand that if I violate the Athletic Code's standards of conduct that I will be subject to penalty as provided in the Athletic Code, including exclusion from the opportunity to participate in interscholastic athletics.

Parents Acknowledge:

I agree to permit my son/daughter to try-out for and/or participate in school-sponsored interscholastic athletics. I have read the South Albany High School Athletic Code and agree to support the standards of conduct and procedures contained therein as a condition of my son/daughter's participation in interscholastic athletics at South Albany High School. I understand that if my son/daughter violates the Athletic Code's standards of conduct that he/she will be subject to penalty as provided in the Athletic Code, including exclusion from the opportunity to participate in interscholastic athletics.

We understand:

- That we have a responsibility to ourselves, our school, and to others.
- The philosophy of South Albany Athletics, 4C's, freshmen, JV, and varsity level philosophy
- Sportsmanship/Spectator Conduct and Expectations and Ejection Policies
- The requirements for participation: physical examination (every two years), insurance, \$150 fee/sport, refund policy, risk of injury, code of conduct acknowledgement form (signed), emergency care permission/release, financial obligation for gear
- That school attendance is required the entire day to participate
- That the athletes must be meeting OSAA academic expectations and be making progress toward graduation
- That eligible athletes contact the counseling or athletic office for NCAA eligibility requirements
- The athletic procedures and guidelines of South Albany High School (i.e. parent/coach communication, playing time)
- The disciplinary consequences for failure to abide by the requirements of the Athletic Code
- At times, individual coaches may have requirements in addition to those stated within. These additional requirements will be provided in writing before the first contest and shall apply throughout the given season

Print Student Participant Name

Graduation Year

Student Participant Signature

Date

Parent/Guardian Signature

Date

