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ABSTRACT

This publication contains the suggested policies for athletics that were approved by the Oregon State Board of Education in September 1975. The policies represent the essentials for organizing and administering athletic programs in Oregon schools. The first section presents principles and policies for physical education, intramurals, and interschool athletic programs. In the second section detailed policies are presented for interschool athletic programs, including such areas as participation, sponsorship and administration, qualifications of coaches, weather, transportation, practices and contests, game rules and officials, awards, and medical and legal policies. The third section presents the policies regarding the Oregon School Activities Association. Appended are (1) the Oregon School Activities Association organizational structure; and (2) sample forms, including a medical report for students, an athletic participation permit, an annual interval history form, and a return to participation form. (EC)

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ATHLETICS IN OREGON

K-12

GUIDELINES FOR LOCAL SCHOOL DISTRICT POLICIES

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Oregon
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November 1975

U.S. DEPARTMENT OF HEALTH,
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PREFACE

The State Board of Education recognized interschool athletics and sports competition as part of the instructional curriculum when it adopted the original policies for athletics in 1956. They were published as *Principles and Practices for Elementary School Athletics in Oregon* and were administered as part of the Physical educational program.

In response to identified needs for curriculum changes and equal educational opportunity, the Board in 1975 charged the Instruction Division of the Department of Education to review existing athletic programs and policies. Specifically, the division was directed to

1. Determine the status of athletic programs and how they are operating in Oregon schools.
2. Specify the criteria for desirable athletic programs for the state.
3. Recommend certain minimum criteria for state standards.

Previous statements of athletic policies focused primarily on sports activities for boys. New policies were needed which would apply to athletic programs and sports competition for all students, *male and female*.¹

Cooperating with the Athletic Policies Revision Task Force, the Superintendent's Special Study Committee on Girl's Athletics, the Oregon School Activities Association (OSAA)² and Department of

Education staff, the division fulfilled its charge, generating needed policies and strengthening Oregon's minimum standards.

The suggested policies contained in this publication were approved by the State Board of Education September 19, 1975. The publication appears now as a guide for local school district athletic program development. We suggest these policies be adopted by the local school district board of education and implemented as district policy.

The policies herein represent the essentials for organizing and administering athletic programs in Oregon schools. School administrators, teachers and coaches concerned with athletics are urged to study and observe them carefully. The guidelines are published and adopted as a supplement to the 1974 "Minimum Standards for Oregon Public Schools" and the *Elementary-Secondary Guide for Oregon Schools*.

¹Oregon Administrative Rules 21-040 through 22-245, Adopted 1973, Revised 1974, Title IX Regulations, U.S. Department of Health, Education and Welfare, 1975.

²Athletic regulations are available from OSAA; address appears on page 7.



Many organizations and individuals around the state cooperated with the Department of Education and the State Board of Education to revise the athletic policies for Oregon schools. Our thanks to the people who shared their time and energy to make this publication possible.

ACKNOWLEDGMENTS

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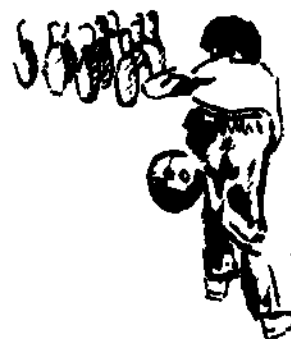
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Educators, and health and medical authorities recognize that students of school age need vigorous physical activity to promote proper growth and development. Schools have assumed the responsibility for meeting this need through physical education classes, intramural activities, and interschool athletic programs.

PHYSICAL EDUCATION

The primary means to meet students' activity needs should be a broad, varied, and developmental program of physical education directed by competent instructors. Physical education is a required instructional program for all students in kindergarten through grade ten. Elective physical education should be provided in grades eleven and twelve. The program should include instruction and activities in basic skills, rhythms, games and sports, relays, and self-testing activities.³

INTRAMURALS

An important supplement to physical education is the intramural program. Intramurals are competitive sports and activities in grades four through twelve in which all participants are from the same school. These activities grow directly out of the instructional program and provide additional opportunities for students to use their skills in controlled, regulated activities.

PRINCIPLES AND POLICIES FOR ATHLETICS IN OREGON SCHOOLS

The program shall be based upon interest of participants, facilities, equipment, and availability of properly trained personnel. It is a voluntary program in which all students are invited to participate.

The physical activity needs of most students will be met through the basic physical education and intramural programs.

INTERSCHOOL ATHLETIC PROGRAMS

Athletic programs are *organized sport competition involving contests for teams or individuals who are trained and coached to participate in events with similar teams or individuals from other schools.*

A school must conduct an acceptable program of physical education before it can carry on an athletic program.⁴

When a school chooses to participate in an athletic program, definite policies shall be established to protect the health and welfare of all students. Each school district will have on file a detailed plan for conducting its program. The plan should include the policies adopted by the State Board of Education and listed in this manual. The local school board may elect to include additional athletic policies as deemed necessary.

³See "Minimum Standards for Oregon Public Schools" (Oregon State Board of Education, 1974), Administrative Rules 52-030 through 52-035 (Oregon State Board of Education), and *Physical Education in Oregon Public Schools, K-12* (an instructional handbook to be published by the Department of Education in 1976).

⁴Ibid.



PARTICIPATION

1. There shall be no athletic program for students in kindergarten through grade three.
2. Where student interest is strong, an athletic program may be offered in grades four through twelve. Factors to consider are student interest and level of competency; availability of facilities, equipment, personnel, travel distances and availability of opponents.
3. A student shall practice or compete in athletic events only with the written consent of a parent or legal guardian.
4. It is strongly recommended that competitors be matched in physical ability and physical maturity and compete against comparable teams.

SPONSORSHIP AND ADMINISTRATION

1. The local district shall control the sponsorship and administration of all aspects of the school athletic program.
2. Publicity released by the schools should stress team performance, a description of the event and the number of participants, with minimum emphasis on individual performance.

QUALIFICATION OF COACHES

Coaches shall be certificated teachers employed by the school district. They must possess the personal and professional characteristics necessary to assure high standards of leadership and

instruction. When regularly certificated teachers are not available, the rules and policies of the Teachers Standards and Practices Commission shall be followed.

WEATHER

When weather conditions impose a hazard to the health and/or safety of the participants, athletic contests are to be postponed or canceled.

TRANSPORTATION

1. Travel distance shall be held to a minimum and should be determined by the geographical characteristics of the community and its participating school(s).
2. A student shall ride to and from the contest in transportation approved by the school. A coach may grant permission to leave the traveling party when the parent or guardian personally contacts the coach with a request to have the student ride with him or her.

PRACTICES AND CONTESTS

1. Instructional class time shall not be used for athletic team practices.
2. Practice shall be conducted outside

DETAILED POLICIES FOR INTERSCHOOL ATHLETIC PROGRAMS

of school hours. Elementary and junior high school students should not be held for more than one and a half hours of practice each day, and high school students no more than two hours of practice each day (exclusive of showering and dressing).

3. The length of a competitive sport season, including practice time, should be limited. Practices and competition during school holidays and school vacations should be discouraged.

GAME RULES AND OFFICIALS

1. Every athletic event shall be governed by the rules of the National Federation of State High School Associations. Until these rules are available, the rules of the National Association for Girls' and Women's Sports and other OSAA rules shall be used.
2. Game rules shall be modified to meet the special needs of participants in grades four through eight.
3. The coordinator of athletics (e.g., director, principal, superintendent) is responsible for seeing that competent officials are assigned to all athletic events. Officials are to conduct themselves and the games in a manner which will instill in players a respect for authority and a desire to abide by

game rules. Generally speaking, the officials will be assigned by an appointed commissioner who will work directly with the athletic coordinator in assigning officials. Officials shall be fully cognizant of game rules and appropriate safety measures for participants. Officials are not readily available for some sports; in such cases the individual school shall assign its own officials from among teachers or other interested persons.

4. Students shall not compete in more than one interscholastic contest per week until reaching the seventh grade, at which time they may compete in two per week. In grades nine through twelve schools will abide by OSAA regulations.

5. Elementary and junior high school games shall not be played as preliminary or half-time games at high school and college contests.

6. Tournaments leading to championships shall not be held for students below the seventh grade level.

7. Night games should be discouraged for elementary and junior high schools.

AWARDS

Awards to individual students below the ninth grade are not recommended. If given, the awards should have intrinsic value only. The activities should stimulate the participants to play for the enjoyment of playing rather than for awards or other artificial incentives. (See OSAA regulations.)

MEDICAL AND LEGAL POLICIES

(See sample forms, Appendix 2.)

1. Physical Examinations

a. Students in grades seven and ten must have a physical examination performed by a physician, licensed by the Oregon State Board of Medical Examiners, prior to practice and competition in athletics. The examination should be performed no earlier than May 1 of the preceding school year.

b. In addition, physical examinations shall be given:

(1) When a student is new to the school district and/or has not had the required Oregon medical examination or its equivalent.

(2) In grade eleven when initial physical examination was during grade nine.

(3) When the student has undergone major surgery in the intervening period between scheduled examinations.

c. Annual physical examinations are required in the following situations:

(1) When the student has been given a diagnosis of a significant disease process or illness.

(2) When the student has an ongoing significant disease process or chronic illness.

d. Significant disease processes or illnesses include, but are not limited to:

- (1) Epilepsy;
- (2) Asthma;
- (3) Diabetes;
- (4) Chronic heart disease, including heart murmur;
- (5) Severe allergy.

2. Conditioning and Training

An athlete shall have an appropriate period of training and physical conditioning prior to engaging in a contest. This period of time shall be determined by responsible athletic personnel and will depend on the physical condition of the athlete and the type of competition.

3. Insurance

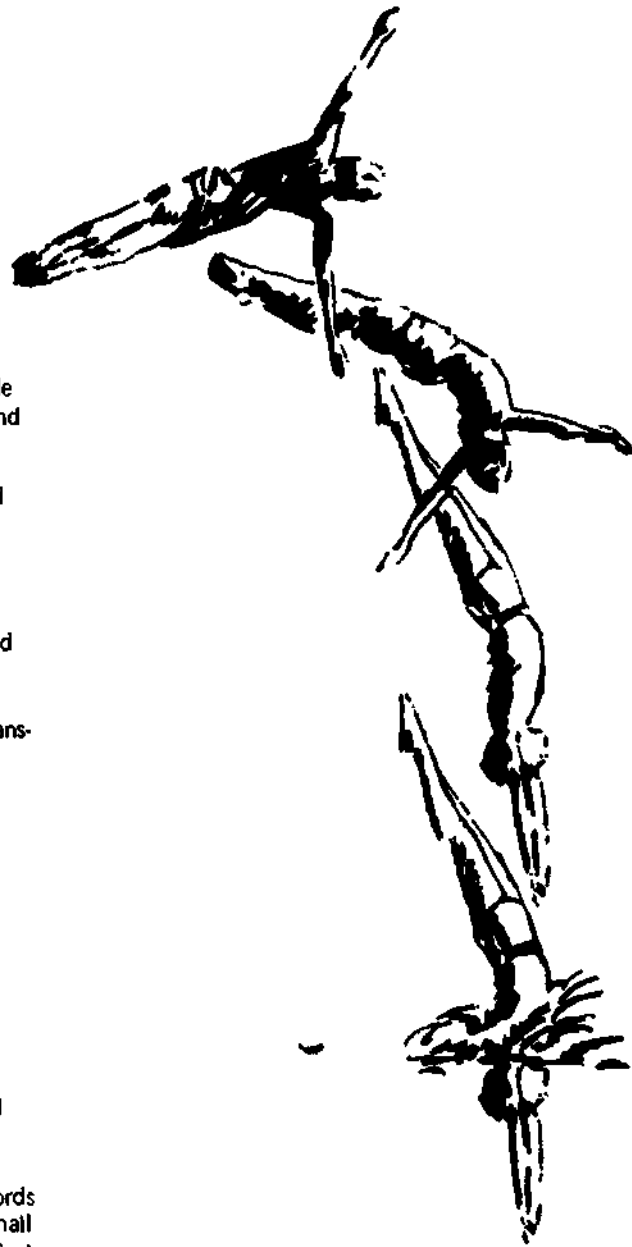
It is recommended that all students participating in a sports program be covered by athletic accident insurance.

4. Medical Protocol

A medical protocol pertaining to, but not limited to, gymnastics, football, basketball, baseball, wrestling, field hockey, and soccer contests at the ninth grade level and above shall be written and kept in the principal's office. This protocol shall specify:

a. That at the optimum a doctor be in attendance who is familiar with the participating team and with athletic injuries.

b. That if a doctor is not available, a designated person shall be in attendance. This person shall have basic first-aid training and be charged with implementing the protocol.



The contest official shall be made aware of this person's identity and function.

c. That basic emergency first-aid equipment will include:

- (1) a stretcher;
- (2) a first-aid kit with material for splinting, to stop bleeding and to maintain a proper airway;
- (3) a designated vehicle which accommodates a stretcher for transportation of the injured.

d. The following information:

- (1) The location of the nearest available telephone.
- (2) The location of the nearest available medical facility.
- (3) Provision for inspecting the playing surface and immediate surrounding area by a designated person.
- (4) The location of medical records of the participants. The coach shall be made aware of pertinent medical emergencies that might arise concerning individual athletes. It is strongly recommended that this information be in the coach's possession at each practice and contest.
- (5) Provision for notifying the parent or guardian of an injured student.



OREGON SCHOOL ACTIVITIES ASSOCIATION

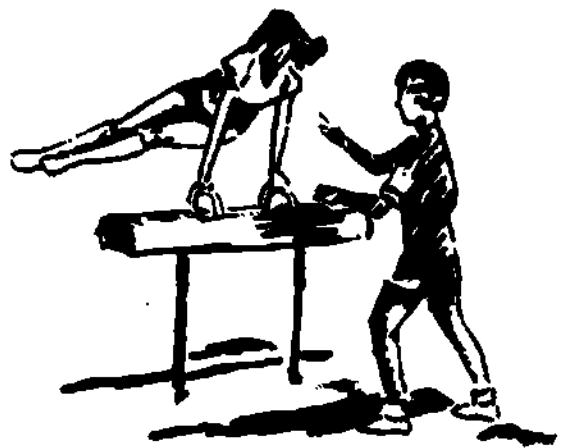
1. By the authority of the local school district, and within the framework of ORS 332.072-332.107, sponsored interscholastic programs in grades nine through twelve shall be administered by the Oregon School Activities Association. Each member school in Oregon shall have a copy of the rules and regulations of the OSAA.⁵

2. A cooperative relationship for developing and implementing athletic programs exists among local school districts, the Oregon School Activities Association, and the Oregon Department of Education.

3. The local school district maintains final authority regarding the implementation of its athletic programs. Concerns about athletic programs should be addressed initially to the local school district administration.

4. The Oregon School Activities Association and the Oregon Department of Education provide services for program development to local school districts.

⁵Additional copies may be obtained from the Oregon School Activities Association, 1 Plaza Southwest, 6900 SW Haines Road, Tigard, Oregon 97223.



APPENDIX 1

OREGON SCHOOL ACTIVITIES ASSOCIATION – ORGANIZATIONAL STRUCTURE

The OSAA classifies high schools based upon their Average Daily Membership (ADM) shown on the Annual Report submitted to the Superintendent of Public Instruction at the close of the previous school year. Schools with an ADM in grades ten through twelve of 601 or more students are classified as "AAA"; schools with an ADM of 201 to 600 students are classified as "AA"; schools with an ADM up to 200 students are classified as "A" schools.

There are three classifications, each consisting of eight districts. Under this system, the state is organized into 24 districts with approximately ten schools per district.

The governing body of the association is the Delegate Assembly. It is composed of 24 members. Each representative district elects one of its own school administrators to serve as a delegate. The assembly meets annually and has the authority to decide any and all questions that may arise in the interest of interscholastic activity among member schools in Oregon.

The executive body of the Association is the Board of Control. It consists of one member representing the Portland School District, plus two "AAA," two "AA," and two "A" school administrators. The State Superintendent of Public Instruction and the President of the Oregon School Boards Association are ex-officio members of the Board of Control, and an athletic director serves in an advisory capacity to the Board.

APPENDIX 2

THE FOLLOWING SAMPLE FORMS MAY BE ADAPTED/ADOPTED BY SCHOOL DISTRICTS FOR THEIR LOCAL USE.



(District)
MEDICAL REPORT FOR STUDENTS (Grades K-12)

TO BE FILLED IN BY PARENT BEFORE PHYSICAL EXAMINATION: (Please Print)

(School to be attending) (Grade)

Pupil's Name _____ Sex M F Birth _____
 Last First (Mo.) (Day) (Year)

Address _____ Phone _____
 (State or Rural Route) (Town)

Check the following information about your child:

- | | | | | | |
|---|---|--|---|---|---|
| 1. Past Concussions | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | 9. Rheumatic Fever | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | 14. Allergies: | |
| Past Skull Fractures | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | 10. Kidney Disease | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ |
| 2. Neck injury | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | 11. Fainting Spells | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | Insects/ | |
| 3. History of muscle, bone or joint disease | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | 12. Epilepsy or other convulsive disorders or seizures | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | Bee Sting | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ |
| 4. Glasses or contact lenses for athletics | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | 13. Communicable Diseases: | | Hay Fever | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ |
| Loss or seriously impaired vision in one eye? | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | German Measles (3 day) | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | Poison Oak | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ |
| 5. Hearing Problem | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | Red Measles | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | Other | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ |
| 6. Pneumonia | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | Mumps | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | 15. Tonsils * Adenoids removed | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ |
| 7. Hernia | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | Chickenpox | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | 16. Currently taking Medication or Shots | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ |
| 8. Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | Whooping Cough | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | 17. Premature Birth | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ |
| | | Scarlet Fever | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | 18. Any other serious defects or operations | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ |
| | | OTHER | Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ | | |

Parent's Comment on "Yes" _____

IMMUNIZATION SUMMARY

	Initial Series	1st Booster	Booster	Given Today	TESTS	RESULTS	Given Today
Diphtheria	19____	19____	19____	_____	Tuberculin	19____	_____
Whooping Cough	19____	19____	19____	_____	Chest X-ray	19____	_____
Tetanus	19____	19____	19____	_____	Other Test	19____	_____
Smallpox	19____	19____	19____	_____	Measles (Vaccine)	19____	_____
Polio					Mumps (Vaccine)	19____	_____
Sabin-Oral	19____	19____	19____	_____	Rubella (Vaccine)	19____	_____

PARENT'S COMMENTS REGARDING BEHAVIOR AND ANY PHYSICAL OR EMOTIONAL PROBLEMS: _____

DOCTOR'S PHYSICAL EXAMINATION

Height _____ Blood Pressure _____ Vision with glasses ☐
 Weight _____ Vision without glasses ☐
 R 20/____ L 20/____

Significant Illnesses or Injuries _____

Examination	Satisfactory	Unsatisfactory	Examination	Satisfactory	Unsatisfactory
Teeth	_____	_____	Extremities	_____	_____
Hearing	_____	_____	Orthopedic/Posture	_____	_____
Cardiovascular	_____	_____	Neurological	_____	_____
Respiratory	_____	_____	Skin	_____	_____
Liver, spleen, kidney	_____	_____	Indicated Lab Tests	_____	_____
hernia, genitals	_____	_____	Urinalysis negative for sugar	_____	_____

Comments on unsatisfactory conditions _____

I have on this date examined the above student and recommend him/her as being physically able to participate in regularly scheduled physical education classes and compete in the supervised athletics **NOT CIRCLED: BASEBALL, BASKETBALL, CROSS COUNTRY, FIELD HOCKEY, FOOTBALL, GOLF, GYMNASTICS, SKIING, SOCCER, SOFTBALL, SPEED-A-WAY, SWIMMING, TENNIS, TRACK, VOLLEYBALL, WRESTLING***, OTHER _____

*This boy may be permitted weight loss to make a lower weight class in WRESTLING. Yes ☐ No ☐ If "Yes," may lose _____ pounds. (Grades 9-12)

Date _____

(Signature of Examining Physician)

(District)
ATHLETIC PARTICIPATION PERMIT
Grades 4 - 12

**Dept. of Physical
Education & Athletics**
FOLLOW THESE STEPS:

- ☐ 1. Medical Exam
- ☐ 2. Parent Permission
- ☐ 3. Insurance Arrangements
- ☐ 4. Payment of School Fees
- ☐ 5. Scholastic Eligibility

(Fill out completely)

NAME _____ M () F ()
Last First Middle

SCHOOL LAST ATTENDED _____ DATE _____

NUMBER OF SUBJECTS CARRIED LAST YEAR _____

NUMBER OF SEMESTERS COMPLETED IN GRADES 9- 10- 11- 12:
1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 (Circle one)

EMERGENCY INFORMATION

Name of Parent or Guardian _____ Phone where you can be reached: Father _____ Mother _____
Name of Physician to be called in an emergency _____ Phone _____
Person to contact in case of emergency and you cannot be reached:

Name _____ Relationship _____
Address _____ Phone _____

PARENT OR GUARDIAN PERMIT

I want my () son or () daughter to have the privilege of participating in competitive school athletics.

_____, therefore, has my permission to compete in all sports approved by the Board of Education
(Name of Student)
of the local School District and to go with the coach on any regularly scheduled trips.

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.

Please check any sport in which your son or daughter **MAY NOT** participate:

Baseball _____	Golf _____	Swimming _____
Basketball _____	Gymnastics _____	Tennis _____
Cross Country _____	Soccer _____	Track & Field _____
Field Hockey _____	Softball _____	Volleyball _____
Football _____	Speed-a-way _____	Wrestling _____
		Other _____

INSURANCE ARRANGEMENTS

PLEASE CHECK ONE:

☐ I desire for my son or daughter to take out the athletic insurance policy offered through the school.

☐ My son or daughter is fully covered by insurance carried by his 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 contests.

Name of the company with which insured _____

Date _____

(Signature of Parent or Guardian)

SCHOOL FEES: School fees have been paid. Yes _____ No _____

ELIGIBILITY Requirements have been met. Yes _____ No _____

(Signature of Principal)

(District)
ANNUAL INTERVAL HISTORY FORM

Received by _____
Date _____

To be completed by parent/guardian.

Name of student _____ Grade _____ School _____

Home Address _____ Phone _____

Parent's Name _____ Student's Birthdate _____

In the past year, _____ (student's name): circle answers

Please explain any "yes" answers.

- | | | | |
|--|-----|----|--------------|
| 1. Has had injuries requiring medical attention. | yes | no | _____ |
| 2. Has had illness lasting more than a week. | yes | no | _____ |
| 3. Is under a physician's care now. | yes | no | _____ |
| 4. Takes medication now. | yes | no | _____ |
| 5. Wears glasses: yes no Contact lenses | yes | no | _____ |
| 6. Has had a surgical operation. | yes | no | _____ |
| 7. Has been in a hospital (except tonsillectomy) | yes | no | _____ |
| 8. Do you know any reason why this student should not participate in all sports? | yes | no | _____ |
| 9. Name of Physician _____ | | | |
| 10. In case of emergency, contact: _____ | | | Phone: _____ |

PARENT OR GUARDIAN PERMIT

I want my () son or () daughter to have the privilege of participating in competitive school athletics.
_____, therefore, has my permission to compete in all sports approved by the Board of Education of the
(Name of Student)
local School District and to go with the coach on any regularly scheduled trips.

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.

Please check any sport in which your son/daughter MAY NOT participate:

Baseball _____	Golf _____	Softball _____	Swimming _____	Football _____
Basketball _____	Gymnastics _____	Speed-a-way _____	Tennis _____	Volley Ball _____
Cross Country _____	Soccer _____	Field Hockey _____	Track & Field _____	Wrestling _____

INSURANCE ARRANGEMENTS

Please check one:

____ My son/daughter is covered by insurance purchased at school, 19 ____ /19 ____ school year. Check below:
School Time Insurance (all sports except football).
Twenty-four hour Insurance.
Football Insurance.

____ My son/daughter is fully covered by insurance carried by Parent/Guardian, and the school will not be liable for any injury that occurs during athletic activities or travel for activities.

Name of Company with which insured _____

Signature of Parent/Guardian _____ Date _____

SCHOOL FEES: Have been paid. yes _____ no _____

ELIGIBILITY Requirements met. yes _____ no _____ Principal _____

_____(District)
RETURN TO PARTICIPATION FORM

TO BE COMPLETED BY STUDENT:

NAME _____ SCHOOL _____

HOME ADDRESS _____ PHONE _____

GRADE _____ BIRTHDATE _____

PARENT'S NAME _____

Injury (illness) Information:

Time and Date of injury _____

Injured in practice _____ : Game _____ : Other _____

Activity/ _____

Sport _____ Position Played _____

Inst./ _____

Coach _____ PHONE _____

Description of Injury:

TO BE COMPLETED BY PHYSICIAN:

Diagnosis: _____

Recommendations:

- No restrictions (discharged) as of _____ Date _____
- No practice or play until _____ Date _____
- Expected return to activity. Definite date after further evaluation _____ Date _____
- Light running ONLY - NO contact _____
- Regular Practice, but NO contact _____
- Return for further care - No _____ Yes _____
- Other _____

Physician _____

Phone _____

Date _____