

REDMOND SCHOOL DISTRICT ATHLETIC / ACTIVITY ELIGIBILITY FORM

This section to be completed by Student & Parent/Guardian

Name _____ Parent/Guardian Names _____

Address _____ City _____ Zip _____

Phone _____ Bus/Cell Phone: Father _____ Mother _____

Grade _____ Birthdate _____ Sex: Male _____ Female _____

Sports in which I plan to participate: _____

This application to compete in interscholastic athletics for the Redmond School District is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules or regulations of the school or state association. I have read, understand and agree to follow the rules and regulations governing OSAA Athletic/Activity and school participation in the Redmond School District. (Included in packet as well as in the Student Planner & Handbook).

ATHLETIC INSURANCE INFORMATION

This section to be completed by Parent/Guardian

All school athletes must be covered by medical insurance provided by parent/guardian for the duration of the athletic activities in which they participate. ***Inform the school immediately should there be a change in insurance coverage.***

Parent/Guardian, please initial below to indicate current coverage:

_____ 1. Complete personal coverage with _____ Policy # _____
Initial Insurance Company Name

_____ 2. Student insurance (to be purchased by parent/guardian *prior to participating*).
Initial

_____ Name of Family Physician _____ Address _____ Phone _____

CURRENT MEDICAL CONDITIONS

Medical Condition _____

Allergies _____

Medications _____

PARENT'S OR GUARDIAN'S PERMISSION

This section to be completed by Parent/Guardian

It is the parent's/guardian's responsibility to notify the school any time a medical problem occurs that would affect the health of the student as he/she participates in athletics.

I have read and completed all of the sections of this form and all statements are true to the best of my knowledge. I hereby give my consent for the above student to engage in school and state association approved athletic activities as a representative of his/her school. I also give my consent for this student to accompany the team when it travels to other schools. I am advised that students are held responsible for all player's equipment owned and issued by the school.

I have read and understand the implications of the rules and regulations governing the participation of my son/daughter in athletics and school activities sponsored by the Redmond School District. I understand that he/she is expected to follow the rules and regulations as outlined in the Athletic Handbook and should he/she violate these provisions, he/she will be disciplined in accordance with procedures listed.

In the event of an apparent or real emergency, in which medical treatment or hospitalization of my child may be necessary, after effort to contact me at the telephone number above, I the undersigned parent or guardian do hereby authorize and appoint the Administrative School District No. 2-J through its agents, to obtain any medical or hospitalization of the above named child as they believe necessary and proper for the immediate care and welfare of said child. I do further authorize and direct any medical doctor or hospital to render any and all treatment believed necessary and proper for the immediate care and welfare of the above named child and the undersigned agrees to pay for such medical treatment and expenses incurred on behalf of such child and shall hold Redmond School District harmless from any liability, claims, judgments and costs incurred in or as a result of any such medical treatment or hospitalization.

I understand the school authorities will use their best judgment in determining emergency care and procedures. The school is authorized to obtain immediate medical treatment for my child.

Parent/Guardian Signature: _____ Date: _____