

JEFFERSON COUNTY MIDDLE SCHOOL 2020-2021

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ATHLETIC PARTICIPATION AGREEMENT (Please tear this page off and return to JCMS. This must be turned in before a student can practice)

PLAYER NAME: _____ GRADE: _____ DATE: _____

SPORT my child can participate in (please check): Football Volleyball 21st Century VB
 Cross County GBB BBB Wrestling Track 21st Century BB

Athletic participation at JCMS is contingent on players following all the rules and procedures outlined in the Athletic Handbook AND any additional expectations that a coach has for a specific sport.

Players who fail to adhere to the rules and procedures are subject to disciplinary action and possible dismissal from the team.

It is therefore important that parents read through and assist their children in understanding all the rules of athletic participation and eligibility as outlined in the athletic handbook and the guidelines of the individual sport that coaches will provide each season.

This form must be signed by parents and athletes and be returned to the athletic coordinator before a student will be allowed to participate in a contest.

Other forms needed before participation include a current sports physical cleared and signed by a physician, an emergency medical release card signed by the parent, and any sport-specific guidelines that a coach hands out to players at the start of a new season.

Student-Athletes are responsible for getting all forms home to be signed by parents and returned to the coach or Athletic Coordinator before participating in a contest.

Please read the athletic handbook and discuss the rules and procedures for participation, including attendance at school and practice, and grade eligibility requirements, with your child. Then sign the form below and have your child return it to his/her coach or turn it into the athletic coordinator.

If you have any questions or concerns please call Walter Stahl @ 541.475.7253 or wstahl@509j.net

I have read and understood the rules and procedures for athletic participation at JCMS. By signing here, I agree to follow all rules and procedures and understand that my participation in athletics is subject to compliance with the rules and procedures as outlined in the athletic handbook. I understand that a coach may provide players with additional guidelines specific to a sport at the beginning of the season and that I must also adhere to those rules.

SIGNATURE OF PLAYER: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

JCSD EMERGENCY MEDICAL CARD 2020-21 (must be on file w/JCMS)

Student Name _____
Grade _____ DOB ____/____/____ Age _____
Parent/Legal Guardian _____
Parent/Legal Guardian Contact (Home #) _____
(Cell #) _____ (other #) _____
Parent/Legal Guardian EMAIL _____
Address _____ City _____ ZIP _____
Emergency Contact Person _____
Emergency Contact #'s _____
Allergies & Health Disorders _____
Current Medications _____
Insurance Carrier _____ Policy # _____
Family Doctor _____

Interim health Questions: has the child ever experienced any of the following:

- | | |
|--|--|
| <input type="checkbox"/> <i>Passed out or been Dizzy during exercise</i> | <input type="checkbox"/> <i>Ever has a prolonged, unexplained viral illness</i> |
| <input type="checkbox"/> <i>Had Chest pain During exercise</i> | <input type="checkbox"/> <i>Student uses Medication (please list above)</i> |
| <input type="checkbox"/> <i>Tires more quickly than friends/frequently</i> | <input type="checkbox"/> <i>Ever been denied participation in sports</i> |
| <input type="checkbox"/> <i>Has been told they have a heart murmur</i> | <input type="checkbox"/> <i>Had injuries in the past year</i> |
| <input type="checkbox"/> <i>Has palpitations/skipped beats of heart</i> | <input type="checkbox"/> <i>Had surgery in the last year</i> |
| <input type="checkbox"/> <i>Had baseline concussion training</i> | <input type="checkbox"/> <i>Is currently under a physicians care</i> |
| <input type="checkbox"/> <i>Anyone in the family passed away due to heart problems or suddenly before the age of 50</i> | |
| <input type="checkbox"/> <i>Has the student or anyone in the family experienced seizures</i> | <input type="checkbox"/> <i>Diabetic</i> |

If you know of any reason your child should not participate in a sport please list/explain:

I HEREBY CONSENT OF MY SON/DAUGHTER PARTICIPATING IN A CO-CURRICULAR SPORT DURING THE SCHOOL YEAR AS DIRECTED BY JEFFERSON COUNTY SCHOOL DISTRICT 509J. THE PARTICIPATION IN A SPORT THAT INVOLVES THE MOVEMENT OF THE HUMAN BODY CARRIES WITH IT THE POSSIBILITY OF INJURY THAT COULD LEAD TO DEATH OR PERMANENT DISABILITY. ALTHOUGH THIS IS EXTREMELY RARE IN MIDDLE SCHOOL ATHLETICS, THE POSSIBILITY ALWAYS EXISTS. I AM AWARE THAT THERE IS A RISK OF SERIOUS INJURY INVOLVED IN PARTICIPATING IN ATHLETICS AT **DISTRICT 509J** SCHOOLS.

IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY NECESSITATING, MEDICAL TREATMENT, I HEREBY AUTHORIZE THE ADVISOR OR COACH OF MY CHILD TO OBTAIN EMERGENCY MEDICAL TREATMENT. I ALSO RELEASE ANY LIABILITY OF ANY KIND WITH THE ACTIONS TAKEN IN GOOD FAITH BY THE SCHOOL DISTRICT PERSONNEL IN PROVIDING EMERGENCY MEDICAL TREATMENT. I FURTHER AGREE THAT SCHOOL DISTRICT PERSONNEL MAY SEEK THE NEAREST AVAILABLE TREATMENT FROM ANY PHYSICIAN OR MEDICAL FACILITY AS THEY DEEM BEST ABLE TO PROVIDE SAID TREATMENT IN THE BEST INTEREST OF MY CHILD.

I UNDERSTAND THAT ATHLETIC ACCIDENT INSURANCE IS NO LONGER A REQUIREMENT FOR PARTICIPATION IN JEFFERSON COUNTY SCHOOL DISTRICT 509J'S ATHLETIC PROGRAMS. I RECOGNIZE THAT IN CASE OF INJURY TO MY SON/DAUGHTER, THE COST OF TREATMENT, INCLUDING EMERGENCY TRANSPORTATION, IS MY RESPONSIBILITY AND NOT THE RESPONSIBILITY OF THE SCHOOL DISTRICT. JEFFERSON COUNTY SCHOOL DISTRICT 509J DOES NOT PROVIDE STUDENT INSURANCE. I FURTHER UNDERSTAND THAT IT IS STRONGLY RECOMMENDED THAT MY SON/DAUGHTER BE COVERED BY MEDICAL INSURANCE WHILE PARTICIPATING IN SCHOOL-SPONSORED ACTIVITIES.

I UNDERSTAND THAT STUDENT GRADES WILL BE CHECKED EVERY FRIDAY DURING THE SEASON. STUDENTS WITH MORE THAN ONE (1) FAILING GRADE (F) OF HAVING A GPA BELOW 2.0 WILL BE CONSIDERED ACADEMICALLY INELIGIBLE, AND WILL NOT BE ALLOWED TO PARTICIPATE UNTIL ACADEMICALLY ELIGIBLE. CONTINUED INELIGIBILITY COULD RESULT IN DISMISSAL FROM THE SPORT.

I HAVE RECEIVED, UNDERSTAND, AND AGREE TO THE TERMS OF THE STUDENT ATHLETIC HANDBOOK.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE: _____