

West Ada School District Student Participation Form

Requirements for Students in Extra-Curricular Activities

1. Purchase of activity card and pay the \$90 participation fee.
2. Parent must read the state concussion guidelines found on the district website.
3. Health insurance coverage or parental waiver.
4. Passing grades in all classes (60% or above).
5. Must be in attendance the entire school day.
6. Transportation home within 15 minutes of the completion of games and practice.
7. A fine will be assessed for any missing equipment.

Notice of Risk for Student Athletes

We give our permission for _____,
(Student's name)
to participate in _____ at _____
(Activity) (School)

We realize that such activity involves the potential for injury which is inherent in all sports. We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. We give our consent for coaches or school personnel to use their judgment in securing medical aid and ambulance service. We, the undersigned, understand the dangers of practicing, playing and participating in sports. We specifically acknowledge we have carefully read and understand this Notice of Risk for Student Athletes.

Code of Conduct

All competitions must be conducted with a high standard of courtesy, fair play, and sportsmanship. All of those involved share responsibility.

ATHLETES: Athletes must demonstrate qualities of courtesy and good sportsmanship by proper acceptance of officials' judgment and by showing proper respect for opposing athletes as well as for teammates.

SPECTATORS: The spectators, both students and adults, need to demonstrate courtesy and good sportsmanship by cheering in a positive and appropriate manner for their team and never against the opponents. This is evidenced by the absence of booing and vulgarities. Spectators must also show proper acceptance of officials' judgment and the coach's decisions.

Anyone not observing the Code of Conduct will be asked to leave and must contact the Athletic Director and Principal before returning to any other school events.

Emergency Information

Name _____ Birth Date _____ Grade _____

Parent's (Guardian) Name _____

Address _____

Home Phone _____ Cell Phone _____

Parent's daytime phone number _____

If parents cannot be contacted notify _____ Phone _____

Family Doctor _____ Dr. Phone _____ Known Allergies _____

Insurance Carrier _____ **If student is not insured, parent assumes all medical responsibilities.**

Parent's Signature

Student's Signature

Date

Student Participation - Medical History

Student first and last name _____

Current Sport _____ Grade level _____ Gender _____

Has your child ever had a **concussion**? Yes No

Has your student been cleared by a physician for participation from that concussion? Yes No

If they have experienced a **concussion**, explain the incident(s) and when each occurred.

Date: _____ incident: _____ treatment: _____

Date: _____ incident: _____ treatment: _____

Date: _____ incident: _____ treatment: _____

Has your child had any **recent surgeries** that your coach should be aware of? Yes No

Please explain:

Does your child suffer from any **chronic illness** or disease that a coach should be aware of (diabetes, epilepsy, severe allergies, etc.)? If so, the parent and the coach should notify the nurse of participation in athletics.

Does your child have **asthma**? Yes No

Does your child have an inhaler with them at practices and competitions? Yes No

Is your child currently taking any **medications**? Yes No

Please List:

Is there any past medical history you would like their coach to be aware of? Yes No

Please List:

Any other information you feel may be important for the coach to know?