

**BEND LA PINE PUBLIC SCHOOLS – ADMINISTRATIVE SCHOOL DISTRICT NO. 1
MIDDLE SCHOOL ATHLETIC ELIGIBILITY and MEDICAL RELEASE FORM**

NAME _____ CURRENT GRADE _____ AGE _____

SPORT _____ BIRTH DATE _____ PHONE _____

ADDRESS _____

**ADMINISTRATIVE SCHOOL DISTRICT NO. 1 ELIGIBILITY REQUIREMENTS
(To be completed by parent or guardian)**

Circle one

1. Have you and your child read “The Sports Packet” which includes the Sportsmanship Policy, and the Participation and Training Contract? Yes No
2. Have you and your child read the “Coaches General Rules” for their sport? Yes No
3. Do you and your child understand that he/she will be accountable for complying with all policies and rules as set out in “The Sports Packet” and the “Coaches General Rules”? Yes No
4. Do you understand that the Bend La Pine School District #1 **cannot** be held responsible for expenses related to athletic injuries? Yes No
(An athletic insurance policy is available at your expense. Forms are available in the athletic office.)
5. If you answered **No** to any of these above questions – please explain _____

EMERGENCY CONTACT

Parent name _____ Home phone _____ Work phone _____

Emergency contact _____ Emergency phone _____

MEDICAL INSURANCE INFORMATION

(Medical insurance is recommended)

Policy Number _____ Company _____
Group Number _____ Identification No. _____
Policy Holder _____

CURRENT MEDICAL CONDITIONS

Medical Condition _____

Allergies _____

Medications _____

I want my child to have the privilege of participating in competitive school athletics and I give my permission for my child to compete in all sports approved by the Board of Education of the Bend La Pine Administrative School District No. 1, and to travel with the coach or a school district representative to all regularly scheduled games or events.

In the event of an apparent or real emergency, in which medical treatment or hospitalization for my child may be necessary, after an effort to contact me is made at the telephone numbers listed above, I the undersigned parent or guardian, do hereby authorize and appoint the Bend La Pine Administrative School District No. 1 and its employees, agents and representatives, to obtain any medical treatment 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, hospital or treatment provider to render any and all treatment believed necessary and proper for the immediate care and welfare of the above named child. I further agree to pay for any and all medical treatment and expenses incurred on behalf of said child, and I agree to hold the Bend La Pine Administrative School District No. 1 and its employees, agents and representatives harmless from any and all liability, claims, judgments or costs incurred as a result of any such medical treatment or hospitalization. I understand that the Bend La Pine Administrative School District No. 1’s employees, agents and representatives will use their best judgment in making decisions relating to emergency care and medical treatment for my child.

My child and I have read and agree to adhere to the policies as stated in the “The Sports Packet” which includes the Sportsmanship Policy, and the Participation and Training Contract.

Parent/Guardian Signature

Student Signature

Date