



Stanfield Secondary School

1120 North Main St. Stanfield, Oregon 97875

Phone (541) 449-3851 Fax (541) 449-8751

ATHLETICS PARTICIPATION FORM/CHECK OFF

(A separate form must be filled out for each athlete, each year)

FOR OFFICIAL USE ONLY

___ Physical – A current physical must be on file in the athletic office. Last Physical: _____

___ ASB FEE- Each Athlete must pay for their ASB Card prior to their first practice.

ASB FEES: HS: \$45 MS: \$30

Insurance: Students participating in interscholastic athletics at Stanfield Secondary School are required to have some type of athletic insurance.

Do you have such medical insurance? _____

If yes, what is the name of the insurance company? _____

Physicals: Students competing in athletics (grades 7-12) must have a sports physical on file in the office before you can participate in any athletic practices or events. Physicals must be done prior to participating during the 7th, 9th, and 11th grades. **Physicals are good for two years.**

Athletic/Activities Code: We have read and fully understand all procedures and penalties of the Stanfield Secondary School Athletic/Activities Code. Including information regarding the: General Guidelines, Specific Training Rules, Athletic Academic Policy, and the Sportsmanship Code. Our signature below indicates that we follow and abide by the athletic code.

Participation: I hereby give consent for _____ to compete in Stanfield Secondary School interscholastic sports with the knowledge that the athlete needs medical insurance and a current sport physical prior to participation. I acknowledge the risks involved and do not hold the district liable for injuries, accidents, and deaths that may occur while participating in year round school athletics/activities.

EMERGENCY PROCEDURE INFORMATION

STUDENT NAME _____ GRADE _____
Last First Middle

ADDRESS _____ HOME PHONE _____

BIRTH DATE _____ Parent Email: _____

IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY TO THE STUDENT NAMED ABOVE, THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED BELOW. PLEASE KEEP THIS INFORMATION CURRENT. NUMBER EACH ITEM 1, 2, 3, ETC. IN ORDER OF DESIRED ACTION:

() Contact mother at _____

() Contact father at _____

() If parents cannot be located, contact: _____

	Name	Relationship	Phone
--	------	--------------	-------

() Contact family physician (if possible) _____

	Name	Relationship	Phone
--	------	--------------	-------

() Take student to nearest emergency hospital*

() Other _____

Tetanus immunization date _____ Allergies information (food, drugs, insects, etc.) _____

Special health problems _____

Name of medical insurance co. _____ Group or ID No. _____

School Insurance _____ Special Activities Insurance _____

*Note: I understand that the school authorities will use their best judgment in determining emergency care and procedures. I also understand that the school assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.