

**SHERWOOD HIGH SCHOOL  
ATHLETIC DEPARTMENT PARTICIPATION FORM**

**STUDENTS NAME** \_\_\_\_\_ **SPORT** \_\_\_\_\_

School last attended \_\_\_\_\_ Grad year \_\_\_\_\_

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_

Parent's Daytime Phone \_\_\_\_\_ Home phone \_\_\_\_\_

Emergency contact (other than parents) \_\_\_\_\_ Phone \_\_\_\_\_

**Name of Insurance Company and Policy number** \_\_\_\_\_

Family Doctor \_\_\_\_\_ Student's Birthday \_\_\_\_\_ (M/D/Y)

Your son/daughter has expressed a desire to become a member of a Sherwood High School athletic team. The athletic staff and administration of the high school feel there is certain information concerning such membership, which may be helpful to you.

1. **Each student will be held monetarily accountable for school uniforms/equipment issued to him/her as part of his/her participation.**
2. The school district makes available to the parents an insurance plan for grades 9-12. Each participant must either purchase this plan or show evidence that he/she is effectively covered by some other form of accident insurance. School insurance does not apply to Pop Warner football, SYA, or other community programs unless insurance is purchased as a full plan.
3. It is understood that Sherwood School District is not liable for any medical, dental, or hospital bills occurring as a result of athletic injuries incurred by a student while participating in a supervised sport and that such bills, in excess of insurance benefits, shall be the responsibility of the student's parents or guardians.
4. **Each athletic squad member must have a valid student body card(sticker).**
5. All squad members are expected to conform to the rules of scholastic eligibility, participation, and training as prescribed by the Oregon School Activities Association, School District 88J and the athletic coaching staffs.

**PHYSICAL EXAMINATION**

**Comprehensive physical exams are required for all first time participants and/or for all participants as 9<sup>th</sup> graders and as 11<sup>th</sup> graders.** Successful results of the physical examination are required for participation. These physicals are the responsibility of the family and the family physician. On years when physicals are not required, an athlete may continue his/her participation on the signature of the parent.

**PARTICIPATION FEE**

**Each student, grades 9-12, is required to pay a \$125.00 athletic fee for each sport. There will be a \$100.00 fee for other activities.**

I understand that each athlete must have proof of a physical examination before participating as a 9<sup>th</sup> grader and 11<sup>th</sup> grader, or when first participating in an athletic program. For a non-physical year I authorize my son/daughter to participate in athletics without a physical examination since there is no significant change in the last examination.

I give my permission for my son/daughter to participate in the Sherwood School District athletic program, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most 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. I further recognize that medial treatment on an emergency basis may be necessary at a time when I am not available to give my consent in advance of such emergency care, and I give permission to the high school to authorize such care as may be deemed necessary under existing circumstances.

**I acknowledge that I have read and understand this warning and other information contained in the Bowmen Athletic Handbook and have provided adequate information concerning insurance.**

\_\_\_\_\_ Date

\_\_\_\_\_ Athlete's signature

\_\_\_\_\_ Parent/Guardian's signature