**NHS Athletic Permission & Insurance Form 2011-12**

**Please Check Appropriate Sport**

**Fall Sports: Winter Sports Spring Sports**

❒ Cross Country ❒ Basketball ❒ Baseball

❒ Football ❒ Swimming ❒ Golf

❒ Soccer ❒ Wrestling ❒ Softball

❒ Volleyball ❒ Tennis

 ❒ Water Polo ❒ Track

**Grade Level: School Last Attended:**

**Student’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Last Name:**

**Date of Birth: Height Weight Gender** Male **[ ]**  Female **[ ]  Student Cell Phone:**

**Home Address: Preferred Mailing Address:**

**Parent/Guardian Information (Name of Parent/Guardian where student resides)**

**Mother Name: Home Phone: Cell Phone:**

**Mother’s Work Phone: E-mail Address:**

**Father Name: Home Phone: Cell Phone:**

**Father’s Work Phone: E-mail Address:**

* **MEDICAL INSURANCE REQUIRED** before any athlete allowed onto the field/court for practice.
* **NEWBERG SCHOOL DISTRICT: DOES NOT** carry student accident insurance for athletes.
* Parents purchase supplemental student accident insurance if desired.
* **School insurance available in the NHS Athletic/Bookkeeping office contact Sue Anderson (503)554-4405.**

**Special Medical Problems, Allergies, Medication**:

**Medical Insurance Co:** **Policy/Group Number:**

For NHS use only: School Insurance: Date received: Date Mailed:

**“There have been no significant changes in my health, nor have I incurred any serious bodily injuries since my last physical examination.”**

 **[ ] No [ ] Yes, explain:**

 **I DO**[ ]  hereby give my permission for a member of the School District coaching staff and/or athletic trainer to secure medical treatment by a physician and/or hospital in my absence.

**I DO**[ ]  hereby give my permission for a member of the School District coaching staff and/or athletic trainer to secure medical treatment by a physician and/or hospital **for only the following instances**:

**Code of Conduct**: **We have read the Newberg High School Code of Conduct** concerning drugs, alcohol and tobacco. I understand that if I violate these rules I will be **“suspended from participating**. **AS PER CODE OF CONDUCT.**

**Attendance:** On the day of the activity or event, a student must be in attendance at school **for the full school day**. In the event of an appointment (Dr., Dentist etc.) a parent may prearrange an absence by calling their small school **AT LEAST DAY** before the schedule absence. Failure to do so will result in the participant not being allowed to compete that day.

**Financial Responsibility:** We also accept responsibility for all sport equipment that has been checked out to my son/daughter until they return all equipment to **the head coach**. **[ ]  Check to accept terms.**

**We also understand that there is a $160 per sport fee. All sport fees must be paid or arrangements of payment made before the first contest of that sport. FEES ARE NON REFUNDABLE UNLESS PARTICIPANT HAS BEEN CUT FROM THE PROGRAM. Waiver/Payment application available online. [ ]  Check to accept terms.**

**Ejection Fines:** In the event an athlete is ejected from a sporting event, a fee will be charged to the athlete’s account.

**I/We understand that this is a contract between Newberg High School, in which I/We agree to follow all school and team rules and policies. It is my/our desire to participate in the athletic program. I/We realize there is a risk that I could be injured and that the injury could result in serious permanent injury or death.**

**My signature below verifies that I have read and understand every question on this application. I further verify that every answer I gave is complete, true and correct to the best of my knowledge.**

**Parent/Guardian: Signature X Date:**

**Student Athlete: Signature X Date:**