

NHS Athletic Permission & Insurance Form 2012-13

Please Check Appropriate Sport

Fall Sports: Cross Country Football Soccer Volleyball Water Polo

Winter Sports: Basketball Swimming Wrestling

Spring Sports Baseball Golf Softball Tennis Track

Grade Level: _____ What Small School: _____ School Last Attended: _____

Student's Last Name: _____ Student's First Name: _____

Date of Birth: _____ Height _____ Weight _____ Gender Male Female Student Cell Phone: _____

Student e-mail: _____

Home Address: _____

Preferred Mailing Address: _____

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

Mother Name: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Father Name: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

PLEASE READ CAREFULLY

- 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.

Medical Information:

List Medications: _____

List Allergies: _____

Medical Insurance Co: _____ Policy/Group Number: _____

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

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: _____