

Tumalo Community School Sports Packet 2018/2019

Athletic Policy

We would like to see as many of our students at Tumalo participate in an after school activity as possible. It gives students a chance to represent our school in a positive way. To make our program a success, our coaches have come up with a plan that will make our student athletes accountable in both the classroom as well as on the playing field.

Academics will take priority over after school activities. If a student has an F in any class, practice and play will be suspended until the F is brought up to a passing grade. Students may have a D and still play, however it is up to the student to make arrangements with the teacher and come up with a plan to improve the grade within a week. If their grade does not improve after a week, the teacher, coach, and student will sit down and discuss a plan. If a student's GPA falls below a 2.0, they will be suspended until grades are brought back up.

Each student that participates in a sport at the middle school level needs to have a current physical on file with our school. A physical is required every *other* year so if your child has had one either last year or this year, they are ready to go. If not, you need a physical completed before the season begins.

As a student athlete, you will be responsible for setting a good example at school. Any behavior referrals will result in a minimum of a one game suspension depending on the offense.

Practice is mandatory. If a practice is missed, it will affect playing time. Likewise, if a student is not in attendance on a particular day, they will not be able to participate in the sporting event.

The end result is that students will be responsible for themselves. They need to keep their grades up, represent good behavior and be to practice on time and ready to work hard.

As a student I understand that the choice is up to me to stay eligible to play.

Student Signature

As a parent I agree to Tumalo's policy and support the rules that have been put forth.

Parent Signature

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Athletic Insurance Verification Form

My son/daughter _____ is sufficiently covered by my family medical insurance plan for all school athletic activities and therefore I feel it is not necessary to purchase the school athletic insurance.

Signature _____
Parent/Guardian *Date*

Name of Insurance Company

Name of Policy Holder

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Name of Agent

Annual History and Permit Form

Please Print

To be completed by parent/guardian

Student Name

Telephone Number

Home Address

Parent/Guardian Name

In the past year my child: (circle answers) please explain "Yes" answers. (Use back if needed)

1. Has had injuries requiring medical attention. Yes No
2. Has had illness lasting more than a week. Yes No
3. Is under a physician's care now. Yes No
4. Takes medication now. Yes No
5. Wears glasses. Yes No
6. Has had a surgical operation. Yes No
7. Has been in a hospital (except tonsillectomy). Yes No
8. Do you know any reason why this student should not participate in sports? Yes No

9. Physician

10. In case of emergency, contact

Phone No.

I want my () son or () daughter to have the privilege of participating in competitive school athletics and he/she therefore has my permission to compete in the school sport program for Redmond School District 2J and go to with the coach on any regularly scheduled trips. **I am advised that students are held responsible for all players' equipment/jerseys owned and issued by the school.**

In the event of an apparent or real emergency in which medical treatment or hospitalization of my child may be necessary, after efforts to contact me at the telephone number above, I authorize and appoint Redmond School District 2J, through its agents, to obtain any medical or hospitalization of the above named child. I do further authorize and direct any medical doctor or hospital to render any and all treatment believed necessary and proper for the immediate care and welfare of the above named child and I agree to pay for such medical treatment and expenses incurred on behalf of such child and shall hold Redmond School District 2J harmless from any and all liability, claims, judgments, and costs incurred in or as a result of any such medical treatment or hospitalization.

Date

Signed

Parent/Guardian

Address

Telephone Number

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Paperwork Check-off

- Signed Agreement
- Insurance Verification Form
- _____ Fees Paid (\$65) Scholarships are available. See Mrs. Hopper for Information
- Physical-on file



Leading for **Success** in the 21st Century TRANSPORTATION AND RELEASE FORM

Student Name: _____ Age: _____

Address: _____

Activity and Location: _____

Date(s) of Activity: _____

The Redmond School District 2J will not be providing transportation to or from the above listed opportunity. You will be responsible for arranging your own transportation; therefore, it is necessary to advise parents and guardians of these circumstances and to notify parents/guardians the District is not liable for any personal injuries or property damage that may arise out of students who transport themselves, or from students who are being transported in privately owned vehicles. The District does not encourage any student to transport other students in his/her vehicle or for students to ride with a student driver in a privately owned vehicle.

I acknowledge I have reviewed the following:

- 1) The Redmond School District will not allow or encourage any student drivers to transport other students in privately owned vehicles.
- 2) It is the responsibility of the parent or guardian to arrange, provide or supervise transportation of their student to this opportunity.
- 3) The parent/guardian is responsible for verifying that personally owned vehicles used to transport their student are covered by statutory liability insurance, including underinsured motorist coverage, and that drivers transporting their student possess a valid driver's license.

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT: I understand that by signing this form, I am giving permission for my child to participate in the activity as specified above, and have made arrangements for transportation to and from the activity. As part of my understanding and recognition that Redmond School District will not provide transportation, and recognizing the dangers and hazards inherent in participating in the above mentioned activities and any related transportation to and from activity events, to the fullest extent allowed by law, **on behalf of myself and my minor child**, I hereby voluntarily agree to **waive and discharge any and all claims of whatever nature and release from liability**, fully and finally, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and **Hold Harmless** Redmond School District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action, or demands including attorneys fees, arising out of any injuries of any kind, whether physical or emotional, to me, my child, or to our property, or

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losses of any kind which may result from or in connection with my child's participation in the above listed activity up to and including injuries stemming from actions of the District or its employees or agents. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of my child.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

I certify that I have read this RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT, and fully understand its contents. I have read this Agreement in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to allow my child to participate in this activity.

Signature of Parent/Guardian _____ Dated: _____