

# Madrone Trail Public Charter School

## Athletics Participation Form



### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_ Text: Y N

Parent Email: \_\_\_\_\_

2. Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian phone #: \_\_\_\_\_ Text: Y N

Parent Email: \_\_\_\_\_

### Medical Information

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any medical conditions: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: if different from above (must list at least one contact below)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Insurance Information

Insurance Carrier: \_\_\_\_\_ ID or Group #: \_\_\_\_\_

**T-Shirt Size** (circle one): (Youth) YS YM YL YXL (Adult) S M L XL

I, give permission for my child's photograph taken for Yearbook/Promotional Purposes: Y N

Please select the program the child is registering for: (circle one)

### **SOMSAC SPORTS: \$75**

Cross Country

Boys Basketball

Girls Basketball

Track

### **CLUBS: \$50**

Dance

Guitar

Basketball Skills

Spring Soccer

Paid Sport/Club Fee: \_\_\_\_\_ **Cash Check CC** \_\_\_\_\_

Date

Check or Receipt #

**Conditions:**

By signing this Eligibility and Participation Form, Student and Student's Parent/Guardian represent to the Medford School District that:

1. Student is fully covered by the indicated insurance program.
  - The Student and Parent/Guardian understands the Student's responsibility to make academics and attendance a priority. The Student must attend school all day on the day of the scheduled activity to be eligible. This includes both excused and unexcused absences. Any exception to this must be cleared by the principal or school athletic director.
  - Student and/or Parent/Guardian will be held financially responsible for the return and/or any damage to any uniform and/or equipment owned by Madrone Trail issued to Student.
- **ACKNOWLEDGMENT AND ASSUMPTION OF RISKS:** Participation in activities carries an inherent risk of injury, including but not limited to serious bodily injury such as sprains, fractures, ligament/cartilage damage, temporary or permanent physical impairment, brain damage, paralysis, or even death. Student and Parent/Guardian hereby acknowledge and understand the risks involved in participating in activities, whether in competition, practice or in traveling to practice and/or events, and in the event Student and/or Parent/Guardian desire further information regarding specific risks that may be encountered as a result of participating in Student's chosen activity, Student and/or Parent Guardian will personally contact the coach prior to execution of this Eligibility and Participation Form. With full knowledge and understanding of the risk of serious injury to which Student may be exposed by participating in the chosen activity, Student and Parent/Guardian knowingly accept such risks, and voluntarily choose to allow Student to participate in the activity.
- **WAIVER AND RELEASE OF CLAIMS:** To the maximum extent permitted by law, Student and Parent/Guardian, for themselves and for their heirs, successors, and assigns, hereby release, waive, covenant not to sue and hold Medford School District or Madrone Trail, its directors, employee and agents, free and harmless from any and all liability, claims (including but not limited to attorneys' fees), demands, actions and causes of action whatsoever arising out of related to any loss, damage or injury, whether to person or to property, including but not limited to death, that may arise as a result of Student's participation in the chosen activity.
- Student and Parent/Guardian authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness to Student deemed urgently necessary by a coach, school personnel, or medical practitioner.
- Recognizing that as a result of such participation, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for such emergency medical care. I do hereby consent in advance to such emergency care, including hospital care as may be deemed necessary under the existing circumstances.
- Participation fees for athletics are non-refundable. Fee is to be paid in full or a payment plan/scholarship in place before the first event of the season begins. Parent/Guardian and Student understand timelines and agree that participation fees are only refundable if a player is cut from a team.
- **It is the responsibility of Student and/or Parent/Guardian to immediately notify the Athletic Office at Student's school of representation for activities, in writing, of any changes in the above information.**
- I acknowledge and agree that the terms and conditions of this Eligibility and Participation Form, including but not limited to the Acknowledgment of Risks and the Waiver and Release set forth above, are intended to be as broad and inclusive as is permitted by the laws of the State of Oregon and that if any portion is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

***We understand that the information set forth on Pages 1 and 2 of this Eligibility and Participation Form constitutes notice of the operating procedures for the Medford School District and we agree to fully comply with all the terms and conditions hereof. In addition, by signing below, I acknowledge that we have read and agree with all terms and conditions set forth in this Eligibility and Participation Form.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date