

SBC

Eligible

2008 – 2009 ASHLAND HIGH SCHOOL  
ATHLETIC PARTICIPATION CONTRACT

Required in all grades – to be completed once every school year

4. I understand and fully assume all risks to my child and his or her property arising out of or associated with participation (including, but not limited to, damage and loss of property, bodily injuries, medical treatment and death). Furthermore, I fully and forever release the Ashland School District (including, but not limited to, its officers, trustees, representatives, employees and agents) from any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses arising out of, directly or indirectly, or connected with my child's participation in Ashland High School sports from any cause whatsoever, whether or not foreseeable.

5. It is the responsibility of the parent/guardian to ensure that their child has adequate insurance coverage each school year for all athletic activities in which they participate. Ashland School District does not maintain insurance to cover injuries to individual athletes incurred as a result of participation.

My signature below acknowledges responsibility for maintaining appropriate insurance and providing Ashland High School with current, accurate information in regard to personal insurance coverage. I understand that Ashland School District will not pay any insurance claims for my child connected with his or her participation in sports at Ashland High School.

My child is covered by insurance for the 2008–2009 school year as follows:

\_\_\_\_\_ School Time Insurance \_\_\_\_\_ 24 HR Insurance \_\_\_\_\_ Football Insurance  
(School Time and 24-HR Insurance cover all sports except Football. RECEIPT REQUIRED)

OR

\_\_\_\_\_ My child is fully covered by insurance carried by parent/guardian

Name of Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

6. I recognize that medical treatment may be necessary on an emergency basis and school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, for my child as may be deemed necessary under the circumstances existing at the time of the emergency.

7. I wish my child to have the privilege of participating in competitive school athletics and therefore he/she has my permission to participate in sports approved by the Ashland School District and may go with the team on scheduled trips.

I have read the Athletic Handbook/Code of Conduct and understand what it requires and agree to abide by the terms of participation (significant portions are reprinted on the reverse). I agree to the terms of this contract and attest that the information given above is true.

\_\_\_\_\_  
SIGNATURE OF STUDENT-ATHLETE

\_\_\_\_\_  
DATE

Parent or  Guardian \_\_\_\_\_  
(Check One Box)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

MUST BE COMPLETED BEFORE PARTICIPATION BEGINS

STUDENT NAME \_\_\_\_\_

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

**INDICATE WHICH SPORTS YOU PLAN TO PARTICIPATE IN THIS YEAR:**

FALL: \_\_\_\_\_ WTR: \_\_\_\_\_ SPR: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ YEAR IN SCHOOL: 9 10 11 12  
Month / Day / Year (circle one)

Number of Classes Currently Enrolled In: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

SCHOOL ATTENDED LAST YEAR \_\_\_\_\_

(If new to Ashland YOU MUST report to the Athletic Office for transfer forms)

PARENT/GUARDIAN(S) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Address where STUDENT resides \_\_\_\_\_

PHONE CONTACT INFORMATION:

Parent/Guardian(s) Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Contact #'s \_\_\_\_\_

Student-Athlete's Cell Phone # \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

Your child has expressed a desire to become a student-athlete member of an Ashland School District athletic team. It is a requirement of participation that the student-athlete and the parent/guardian read and sign this contract and return it to the athletic office. OUR ATHLETIC HANDBOOK CONTAINS ADDITIONAL DETAILS REGARDING CODE OF CONDUCT AND OTHER IMPORTANT INFORMATION, which all student-athletes and their parent/guardian must review/discuss. Athletic Handbooks are available in the athletic office or can be found at [www.ashlandathletics.org](http://www.ashlandathletics.org).

1. Student-athletes must pass a physical examination prior to their first practice and/or in grades 9 & 11, or beginning in the first year that the student plays a sport. A medical history form is to be completed in grades 10 & 12. These must be completed prior to beginning practice and be kept on file in the athletic office. The physical is valid for two calendar years.

2. Student-athletes are responsible for all school owned equipment issued to them. They will be held monetarily accountable for school issued equipment that is lost or damaged outside of the scope of participation. Future participation may be withheld if restitution is not made.

3. All student-athletes are to conform to the rules of scholastic eligibility as defined by the Oregon School Activities Association and found in the Athletic Handbook, as well as the participation and training obligations of the Ashland School District and its coaching staff. COACHES MAY SUPPLEMENT THE CODE OF CONDUCT WITH ADDITIONAL PARTICIPATION AND TRAINING OBLIGATIONS.