



ACTIVITY PARTICIPATION INFORMATION

Beaverton School District #48

SCHOOL SPONSORED NON-ATHLETIC ACTIVITIES

PARENT/GUARDIAN: Please read with your student participant. ALL INFORMATION MUST BE COMPLETED

STUDENT ID#: _____

ACTIVITY: _____

Student's Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	School(s) Attended Last Semester:
Birthdate: Month Day Year	Grade in School: Currently Enrolled in		_____ Courses:
Parent/Guardian Name:	Home Phone:		Family Physician: Phone Number:
Daytime Phone:			
Home Address:	Health Insurance Provider:		
City:	Zip Code:	Policy No:	Group No:
ALLERGIES, MEDICAL CONDITIONS, ETC. THAT WE SHOULD KNOW ABOUT:			

Your son/daughter has expressed a desire to participate in a Beaverton School District #48 non-athletic activity. The school staff and administration require certain information concerning such participation which may be helpful to you. Will you please read and then sign this information form at the bottom of the page and return it to the appropriate advisor.

1. Some participants must pay a fee. (Please refer to the reverse side of this form). This fee covers participation only – no insurance included.
2. Practice and activity equipment is the responsibility of the participant. Any equipment, costume, or uniform issued to the participant by the school must be returned at the end of participation.
3. All participants are expected to conform to the rules of scholastic eligibility, participation, and training rules as prescribed by the Oregon School Activities Association and the Beaverton School District. *(This information will be reviewed by the advisor prior to the start of participation.)*
4. When groups travel for events outside the school district, transportation may be furnished by the school district. When District transportation is provided, participants must travel both to and from the location of the contest by school-provided transportation unless exceptions are granted by the advisor in charge.
5. Recognizing that as a result of such participation, medical treatment on an emergency basis may be necessary and school personnel may be unable to contact a parent for consent in a emergency medical situation. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the-existing circumstances.

6. I realize no amount of reasonable supervision or training can eliminate all the dangers of participation. Notwithstanding this possibility, and with full knowledge and understanding of the risk of serious injury to my son/daughter as a result of participation, I give my permission for my son/daughter to participate in all activities approved by the Beaverton School District this year. If I have an exception, I have listed them below:

(Exceptions)

7. Certain events may involve overnight stays in hotels, motels or dormitories. During these occasions, supervision will be provided by advisors and parent chaperones. Students will be expected to follow all rules of the Beaverton School District. Failure to follow the rules may result in the participant being sent home at the parents' expense. The participant may also be subject to school disciplinary action.
8. Medical insurance is the responsibility of the participant.

I have read the above and agree to the terms as listed.

Signature of Parent/Guardian

Date

Beaverton School District participates in the Impact concussion management program. Athletes in high risk sports will be administered a cognitive baseline test through the athletic training program. Baseline testing will be utilized in the event of a concussion as a tool to help determine the athlete's ability to return to play. All results are kept confidential and will only be used by the Athletic Trainer, Team Physician and/or necessary medical staff. **If you do not wish to have your child participate in the program please sign below.**

Signature: _____