

Year of Graduation \_\_\_\_\_

Eugene School District 4J  
ATHLETIC ELIGIBILITY CHECKLIST

White Card \_\_\_\_\_

Student ID# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Hm./Cell Phone \_\_\_\_\_ Parent/guardian Name(s) \_\_\_\_\_

E-Mail \_\_\_\_\_ School Attended last year \_\_\_\_\_ School Attending this Year \_\_\_\_\_

SPORT (Circle all that apply)

FALL SPORTS

- Football
- Cross Country
- Soccer-Boys
- Soccer-Girls
- Volleyball
- Velocity Dance

WINTER SPORTS

- Basketball-Boys
- Basketball-Girls
- Swimming
- Wrestling
- Cheerleading
- Other \_\_\_\_\_

SPRING SPORTS

- Baseball
- Softball
- Tennis-Boys
- Tennis-Girls
- Track
- Other \_\_\_\_\_
- Lacrosse-Boys
- Lacrosse-Girls
- Golf-Boys
- Golf-Girls

**You must satisfy all of the following requirements in order to become eligible for your particular sport or activity. You are not eligible to practice or compete until the Athletic Department has received all necessary forms and fees. Only fees may be excused until the end of a "try-out" period, but contact with the Athletic Department is needed to obtain a "try-out" status.**

**Physical Exam:** Each student athlete must provide proof of a current physical exam every two years.

**Annual History:** This form is submitted once each school year. It provides **evidence of Insurance coverage and parental permission** to attend away athletic functions using district or school transportation and consent to "treat".

**Training Rules:** Signed form indicates you understand school and district policy **regarding use of alcohol, tobacco, and illegal substances.**

**ASB Card:** **A \$30 fee per athlete** (one time fee per year) – also allows the student to attend all school home athletic events for a discounted price.

**Athletic Fee:** **\$150 per student** or \$300 individual max or \$600 per family.

**Grade Review:** you must have taken and passed the minimum requirement for eligibility. See Training Rules form for outlines of minimum requirement.

# ATHLETIC and RALLY TRAINING FORM

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Date)

In order to better promote open communication and understanding between families and the 4J athletic program, we are asking you to read this District 4J Athletic and Rally Training Form, discuss it with your son or daughter, sign and return it to your building Athletic Director.

## STUDENT CONDUCT

While the athletic Training Rules address the expectations and consequences with regard to use or possession of alcohol, non-prescribed drugs, or tobacco, South Eugene High School sets additional standards with regard to behavioral expectations of our students athletes. A team member's conduct both on and off the playing field impacts his/her individual performance, the team's success, and the school's reputation.

For these reasons, student athletes need to know that if the SEHS administration determines that they are guilty of "serious misconduct" as explained in the Eugene School District 4J Students Rights and Responsibilities handbook, then they may be suspended from athletic competition, consistent with the penalties for use or possession of alcohol, drugs, or tobacco as outlined in the Athletic Training Rules. This would likely be in addition to other disciplinary consequences for the misconduct (e.g. suspension from school). Prior to beginning practice, students and parents must sign below to acknowledge your understanding of these behavioral expectations and consequences.

## ATHLETIC TRAINING RULES

The following rules apply to high school OSAA sponsored and non-sponsored athletics and rally.

### Alcohol/Non-Prescribed Drug/Tobacco Use Rule

The use of alcohol/tobacco/non-prescribed drugs is prohibited. It is the position of the Eugene School District that athletes who are in jeopardy because of a substance abuse problem should receive professional assistance. No student involved in an interscholastic athletic or rally program shall knowingly possess, use, transmit or be under the influence of alcohol, a tobacco product, performance enhancing drugs, inhalants, or controlled substances of any kind (except as prescribed by a medical professional), during the school year, including winter and spring vacations.

Athletes and rally members who voluntarily request assistance from school officials with regard to an alcohol/tobacco/drug use problem and who have not previously committed such an offense, shall receive no discipline provided that:

- a. The athlete or rally member meets with the school substance abuse counselor or other appropriate professional person and follows his or her recommendations; and
- b. There are no subsequent incidents of either alcohol/tobacco/non-prescribed drug use.

These training rules are in effect from the first day an athlete or rally member signs this form with the intent to participate in athletic or rally and remains in effect throughout his/her HIGH SCHOOL CAREER. It is in effect 24 hours a day, during the school year, including winter and spring vacations. The following are violations of these rules.

- Failure to voluntarily request assistance as described above.
- Possession use or transmittal of alcohol, a tobacco product, performance enhancing drugs, inhalants, or controlled substances.
- Determination by a school official that an athlete or rally member has used, possessed, or transmitted alcohol, tobacco, performance enhancing drugs, or controlled substances.

Violations of these rules will subject the athlete or rally member to the following consequences in addition to any other disciplinary action taken by the school.

### First Offense in Student-Athlete's school year:

- Three weeks suspension from participation in interscholastic athletic competition from the date the school official becomes aware of the possession, use, or transmission. If offense occurs prior to first contest, the three week suspension will begin with the first contest.
- The three week suspension for an offense that occurs outside of the athlete's or rally member's sports season, will be served beginning on the date of the first regularly scheduled contest of their next season.
- Suspension(s) that occur at the end of a season and are less than three weeks in length, shall carryover from the participant's next sports season until suspension has been served.
- Mandatory meeting(s) with the school substance abuse counselor or other appropriate professional person and a willingness to follow his/her recommendation for treatment. \*By agreement of the coach and athlete director, the student athlete or rally member may attend practice sessions.

- A PROBATIONARY period of one full calendar year following the three week suspension.
- Any subsequent violation during a probationary period shall be considered a second offense.
- At the conclusion of the probationary period without a violation, the athlete obtains first time athletic status.

**Second Offense:**

- Suspension for the remainder of the sports season and an additional suspension, if necessary, from the participant's next sports season, until the six week suspension has been served. Suspension from participation in interscholastic competition will be from the date the school official becomes aware of the possession, use or transmission.
- A PROBATIONARY period of one full calendar year following the six week suspension Any subsequent violation during a probationary period shall suspend individual for one full calendar year.
- The six week suspension for an offense that occurs outside of the athlete's or rally member's sports season, will be served beginning on the date of the first regularly scheduled game of the next season.
- At the conclusion of the probationary period without a violation, the athlete obtains first time athletic status.

Before any suspension is implemented, the building principal shall follow the notice and grant the opportunity for review as required by the district's Student Rights and Responsibilities Handbook. Athletic directors are responsible for interpreting athletic eligibility rules and providing information to students and parents. An appeal of an interpretation shall be initiated by placing in writing such an appeal with the building principal who refers it to the high school athletic directors for review.

We understand that participation in athletics and rally activities is contingent upon completion of this form.

We have read and understand these training rules and agree to their terms and conditions.

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

\_\_\_\_\_  
Parent Signature

**jj 7/7/99 POLICY IS IN FORCE FOR THE ATHLETE'S AND RALLY MEMBERS'S CAREER**

\_\_\_\_\_  
**HIGH SCHOOL  
ATHLETIC CLEARANCE FORM**

**INSTRUCTIONS...** Carefully read and circle yes or no to each of the following questions:

- |   |     |    |
|---|-----|----|
| 1. I currently live with my parent(s) or legal guardian.                            | Yes | No |
| 2. _____ is the only high school I have attended.                                   | Yes | No |
| If no, list other high school(s) attended _____                                     |     |    |
| 3. The first day I attend high school was, month _____ year _____                   | Yes | No |
| 4. I have transferred to _____ in the past 12 months.                               | Yes | No |
| 5. I am currently enrolled as a Home School student and/or a private school student | Yes | No |
| 6. I am currently taking at least five (5) credit classes.                          | Yes | No |
| 7. I passed (D or better) at least five (5) classes last semester.                  | Yes | No |
| 8. I am a Foreign Exchange Student  | Yes | No |
| 9. I am a fifth (5 <sup>th</sup> ) year senior                                      | Yes | No |
| 10. I turned 19 prior to August 15 <sup>th</sup> of this year.                      | Yes | No |

**Please Print**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

\*All of the above information is accurate and true to the best of my knowledge.

Parent Signature \_\_\_\_\_

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

Grade \_\_\_\_\_

ANNUAL INTERVAL HISTORY FORM

Student Name \_\_\_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Sport(s) (List all that apply) \_\_\_\_\_

PARENT/GUARDIAN PERMIT

I want my son/daughter to have the privilege of participating in competitive school athletics. (Name of student) \_\_\_\_\_ therefore, has my permission to complete in all sports approved by the Board of Education of the Eugene District 4J and to be transported according to the District Transportation Policy.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that there are risks of injury when participating in athletics and the District assumes no financial obligation of any injury that may occur. I am advised that students are held responsible for all players' equipment owned and issued by the school.

This consent to release a student athlete's health/medical information regarding an athletic injury, illness, or condition is vital for the Certified Athletic Trainer to perform his/her duties and standing orders prescribed by the attending physician. I authorize Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_ (if necessary) to communicate/release information with the Certified Athletic Trainer(s) and the student athlete's Coach about \_\_\_\_\_ (child's name) \_\_\_\_\_ (child's date of birth) and his/her medical/health condition as it relates to his/her ability to participate in sports and any written physician prescription of standing orders of treatment to be preformed by the Certified Athletic Trainer for the school calendar year (Please indicate the school year 20\_\_/20\_\_.)

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

Date \_\_\_\_\_

STUDENT ATHLETE MEDICAL INFORMATION

Past Medical Conditions (i.e. hospital, concussions, allergies, surgeries, fractures) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Medical Conditions (i.e. hospital, concussions, allergies, surgeries, fractures) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications/Supplements \_\_\_\_\_

Contact Lenses (please circle)    Hard    Soft    None

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EMERGENCY CONTACT INFORMATION

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ Primary Care Physician \_\_\_\_\_  
Person to contact if you cannot be reached \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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CONCENT TO TREAT/INSURANCE ARRANGEMENTS

In the event of a medical emergency to my son/daughter, I give consent for emergency medial treatment to be given to my son/daughter in the event that I/additional parent/guardian/emergency contact is not present for verbal consent for treatment. This consent extends to emergency medical personnel (i.e. EMT's Paramedics), physicians, nurses, certified athletic trainers, physical therapists, coaches, teachers, athletic directors, counselors, and principals that would be involved in the daily education, activities, and health of my son/daughter.

Please check one:

\_\_\_\_\_ My son/daughter is covered by the student insurance plan as indicated for the 20\_\_/20\_\_ school year.

\_\_\_\_\_ 24 Hour    \_\_\_\_\_ School-Time Plan    \_\_\_\_\_ Student Health Care  
\_\_\_\_\_ Interscholastic Tackle Football Plan

\_\_\_\_\_ My son/daughter is fully cover by insurance carried by Parent/Guardian, and the school will not be liable for any injury that occurs during athletic activities or travel for activities. (NOTE: If your insurance status changes, it is your responsibility to notify the Athletic Department. Lapses in coverage are NOT allowed.)

Name of company with which insured \_\_\_\_\_

Policy Number \_\_\_\_\_

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

# School Sports Pre-Participation Examination

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**Athlete and Parent/Guardian:** Please review all questions and answer them to the best of your ability.  
**Physician:** Please review with the athlete details of any positive answers.

- | YES   | NO    | Don't Know |   |
|-------|-------|------------|---|
| _____ | _____ | _____      | 1. Has anyone in the athlete's family died suddenly before that age of 50 years?  |
| _____ | _____ | _____      | 2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?  |
| _____ | _____ | _____      | 3. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?   |
| _____ | _____ | _____      | 4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?   |
| _____ | _____ | _____      | 5. Does the athlete have a history of a concussion (getting knocked out) or seizures?   |
| _____ | _____ | _____      | 6. Has the athlete ever suffered a heat-related illness (heat stroke)?  |
| _____ | _____ | _____      | 7. Does the athlete have a chronic illness or see a physician regularly for any particular problem?   |
| _____ | _____ | _____      | 8. Does the athlete take any prescribed medicine, herbs or nutritional supplements?   |
| _____ | _____ | _____      | 9. Is the athlete allergic to any medications or bee stings?  |
| _____ | _____ | _____      | 10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?   |
| _____ | _____ | _____      | 11. Has the athlete ever had prior limitation from sports participation?  |
| _____ | _____ | _____      | 12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?  |
| _____ | _____ | _____      | 13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?   |
| _____ | _____ | _____      | 14. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write, "I don't understand these terms" and initial this item, if appropriate.) |
| _____ | _____ | _____      | 15. Has the athlete ever been hospitalized overnight or had surgery?  |
| _____ | _____ | _____      | 16. Does the athlete lose weight regularly to meet the requirements for your sport?   |
| _____ | _____ | _____      | 17. Does the athlete have anything he or she wants to discuss with the physician?   |
| _____ | _____ | _____      | 18. Does the athlete cough, wheeze, or have trouble breathing during or after activity?   |
| _____ | _____ | _____      | 19. Does the athlete have asthma?   |
| _____ | _____ | _____      | 20. <b><u>FEMALES ONLY</u></b>  |
|       |       |            | a. When was your first menstrual period? _____  |
|       |       |            | b. When was your most recent menstrual period? _____  |
|       |       |            | c. When was the longest time between menstrual periods in the last year? _____  |

(Explain any YES answers on back.)

**Parent/Guardian's Statement:**

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission to my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

As per ORS336.479, Section 1(5) "Any physical examination required by this section shall be conducted by a physician possessing an unrestricted license to practice medicine, a licensed physician assistant, a certified nurse practitioner or a licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

## School Sports Pre-Participation Examination

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_/\_\_\_ (\_\_\_/\_\_\_/\_\_\_)

Rhythm: Regular \_\_\_ Irregular \_\_\_

Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_ Unequal \_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial Activity			
1 <sup>st</sup> & 2ed Heart Sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

\*Station-based examination only

### CLEARANCE

\_\_\_\_ Cleared

\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of physician (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

As per ORS336.479, Section 1(5) " Any physical examination required by this section shall be conducted by a physician possessing an unrestricted license to practice medicine, a licensed physician assistant, a certified nurse practitioner or a licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."