Eddyville Charter School
Sports Participation Form

Date __________________ School __________________ Student Name __________________

Birth Date ___________ Age ___________ Home Phone ___________ Parent Work Phone ___________

Each athlete participating in a sport/activity must have the following two types of insurance:
1. Private Insurance or insurance purchased through the school AND
2. Catastrophic Insurance purchased through the school

Verification of Private Insurance by Parent/Guardian

Company Name ___________________________ Code: Policy number ___________________________

Verification of Insurance Purchased at School

Football Insurance ☐ At School Accident ☐ 24 Hour Insurance ☐
(excludes football)

Verification of Catastrophic Insurance (office use only) By __________________________ Date ___________

Family Physician ___________________________ Phone ___________________________

Physician Address __________________________

Emergency Contact Person ____________________ Home Phone ___________ Work ___________

Address ___________________________

List all medications the athlete is currently taking:
1. ___________________________ 2. ___________________________

List all medications the athlete is allergic:
1. ___________________________ 2. ___________________________

I give my daughter/son permission to participate in all sports and for school officials to obtain emergency medical
aide for any injury or illness deemed necessary. I also state that my daughter/son is fully covered by the named
insurance company and the school will not be liable for any injury that occurs during athletic activities or travel for
activities. I hereby state that, to the best of my knowledge, my answers to the questions are correct.

Parent/Guardian Statement

I have reviewed and answered the questions above to the best of my ability. My child and I 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 for my child to participate in sports.

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

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any
regular comprehensive health assessment by the family's licensed medical practitioner, not to discover hidden or
unknown illness or injury reasonably outside the realm of sports participation.

Signed __________________________ Date __________________

One copy – School
One copy – Parent

PP108
Rev 8/2009
Code of Conduct

By signing this document, I, the above named student, indicate that I have knowledge, understanding and agreement to these standards, set forth in order for me to be afforded the privilege of representing the above named school as a student. I am also aware that any violation on my part, to any of these standards, shall result in the consequences contained within this policy.

By signing this document, I the Parent/Guardian of the above named student, indicate that I have knowledge, understanding and agreement to these standards, set forth in order for my son/daughter to be afforded the privilege of representing the above named school as a student. I am also aware that any violation on the part of my child, to any of these standards, shall result in the consequences contained within this policy.

Parent Signature: ___________________________ Date: ___________________________

Student Signature: ___________________________ Date: ___________________________

Commitment Contract

As an athlete at Eddyville Charter, you are committing to a team. This team is like a family during the sports season. Your family (your team members, your coach, your AD) count on each other in order to uphold your team and your sports season. By signing up for a sport, you agree to be a committed team member. Please review and sign the following contract stating that you are ready to be a committed team member. Should you choose to go against the contract, you may be asked to turn in your jersey.

Please review before signing:

As a committed team member,

- I will review the practice/game schedule PRIOR to the season and immediately tell my coach if there is a game or practice I cannot make due to a prearranged family event or other EXCUSED commitment.
- I will attend all practices and games.
- I will respect my team and coach by being a positive team player.
- If for some reason, I am unable to play a game due to my grades or an unexcused school absence I will be on the bench, in uniform, supporting my team.
- If something comes up where I have to miss practice, I will communicate with my coach ASAP and understand that I may have to sit out the next game for missing.
- I understand that if I work and decide to play a sport- I am committing to the sport first. (If you cannot commit, you need to choose what is more important).
- My team, my coach and my AD can count on me as an Eddyville athlete.

I am committing to the above indicated sport for the upcoming season.

Parent Signature: ___________________________ Date: ___________________________

Student Signature: ___________________________ Date: ___________________________
(If you are driving other students)

Insured's Name: ____________________________

Address: __________________________________

Phone: ____________________________
     Home     Work     Cell

Insurance Company: ____________________________

Policy: ____________________________

Agent: ____________________________

Address: ____________________________

Policy Dates: ____________________________
     From     To

Amount of Coverage ____________________________
     Bodily Injury     Property Damage
     (Note: Minimum required is: 50/100/25 or $100,000 CSL)

Vehicle Description
Year/Color: ____________________________
     Year     Color

Make & Body Style: ____________________________

License Number: ____________________________
Number of seat belts in your vehicle: ________

Your Valid Oregon Driver License Number: ____________________________

If your license has ever been revoked or suspended within the past 5 years, state the reason and date: ________

__________________________
I assure this vehicle is in a safe, operable condition and the facts set forth on this form are true and complete to the best of my knowledge.

Insured's Signature ____________________________ Date ____________________________

Approved By: ____________________________ Principal’s Signature Date Reviewed ____________________________

Revised 8/2015 Original to be retained by Building. Copy to Insured AC-45
Transportation Release Form

(To ride with other parents)

Student Name: _______________________________ Sport: __________________

Parent Name: __________________________________________

Home: ______________ Work: ______________ Cell: ______________

Emergency Contact: ______________________________________

Home: ______________ Work: ______________ Cell: ______________

My son/daughter has permission to ride with the adult driver specified to all athletic practices and games.

I give my permission: ____________________________ Date: ______________

Name of Alternative Adult Driver (over the age of 21) Contact information:

Alt. Driver #1: __________________ Home: __________ Cell: __________

Alt. Driver #2: ______________ Home: __________ Cell: __________

Alt. Driver #3: ______________ Home: __________ Cell: __________

Alt. Driver #4: ______________ Home: __________ Cell: __________

Alt. Driver #5: ______________ Home: __________ Cell: __________

In consideration of the participation of my child in the above activity, I waive and release any and all rights and claims for losses and damages that I may have against Eddyville Charter School arising in any way from my child’s participation.

- The vehicle owner’s insurance is primary in the event of an accident.

- The owner of the vehicle shall maintain liability insurance equal to or exceeding the state minimum requirements for liability insurance.

- The owner of the vehicle is responsible for injury to any passengers because of accident. In the even that my child may require emergency medical treatment while participating in the above activity, I hereby authorize my child to receive all necessary emergency medical treatment as may be necessary, under the existing circumstance. Unless otherwise noted, the closest available ambulance service and hospital will be used

Parent/Guardian Signature: ____________________________ Date: ______________
1. I will be respectful to my teammates, my opponents, game officials and my coach.
2. I will not get behind in my schoolwork.
3. I will behave in a positive way- not harming others with my words or actions.
4. I will treat our equipment and other school’s equipment with respect.
5. I will show good sportsmanship and represent Eddyville well.*

Athlete’s signature: ___________________________ Date: ____________

*Please see student/parent handbook for specific school rules and policies on our website: www.eddyvillecharterschool.org. This copy is for the parent and student, parents and students will also sign the code of conduct page in the athletic registration packet.