



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 aid 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

PP10B
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: _____

**Eddyville Charter School
Private Vehicle Assurance
Form School Year _____**

*(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**

Transportation Release Form
(To ride with other parents)

Eddyville Charter School

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: _____



ECS Code of Ethics
Athletics K-6

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.