



# North Lake School District No. 14

57566 Fort Rock Road, Silver Lake, OR 97638 ♦ 541-576-2121 ♦ FAX 541-576-2705

## ATHLETIC PARTICIPATION FORM

**Insurance:** Students participating in interscholastic athletics at North Lake are required to have insurance that covers athletic injuries.

Do you have such medical insurance? \_\_\_\_\_

\*\* Please be aware that not all medical insurance policies cover high school athletic injuries, particularly football. Please consult your insurance carrier for more information.

If yes, what is the name of the insurance company? \_\_\_\_\_

If you do not have insurance, you must obtain school coverage. The insurance forms are available in the office.

**Physicals:** Students competing in athletics (grades 7-12) must have a sports physical on file in the office before you can participate in any athletic practices or events. Physicals must be done prior to participating during 7th, 9th, and 11th grades. **Physicals are good for two years.**

**Participation:** I hereby give consent for \_\_\_\_\_ to compete in North Lake interscholastic sports with the knowledge that the athlete needs medical insurance and a current sports physical prior to participation.

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## EMERGENCY PROCEDURE INFORMATION

STUDENT NAME \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY TO THE STUDENT NAMED ABOVE, THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED BELOW. PLEASE KEEP THIS INFORMATION CURRENT. NUMBER EACH ITEM 1, 2, 3, ETC. IN ORDER OF DESIRED ACTION:

( ) Contact mother at Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

( ) Contact father at \_\_\_\_\_

( ) If parents cannot be located, contact \_\_\_\_\_  
Name Relationship Phone

( ) Contact family physician (if possible) \_\_\_\_\_  
Name Phone

( ) Take student to nearest emergency hospital \*

( ) Other \_\_\_\_\_

Tetanus immunization date \_\_\_\_\_ Allergies information (food, drugs, insects, etc.) \_\_\_\_\_

Special health problems \_\_\_\_\_

Name of medical insurance co. \_\_\_\_\_ Group or ID No. \_\_\_\_\_

School Insurance \_\_\_\_\_ Special Activities Insurance \_\_\_\_\_

\* Note: I understand that school authorities will use their best judgment in determining emergency care and procedures. I also understand that the school assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

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

\_\_\_\_\_  
Date