

# ARLINGTON COMMUNITY CHARTER SCHOOL

## PARENTS & PARTICIPANTS

### ATHLETIC & ACTIVITIES HANDBOOK

#### **Athletic and Activities covered, but not limited to:**

TEAM SPORTS-Football, Volleyball, Basketball and Track

INDIVIDUAL/CO-OP SPORTS-Wrestling, Golf, Baseball, Tennis, Cross Country

ACTIVITIES-Student Council, Class Officers, National Honor Society, Homecoming and Court, Prom and Court, School Dances, May Day and Royalty, GAA (Girls' Athletic Association), Lettermen's Club, Carnival and any activity requiring missed class time and all other school-related activities

# **ARLINGTON COMMUNITY CHARTER SCHOOL PARENTS & PARTICIPANTS ATHLETIC & ACTIVITIES HANDBOOK**

## **INTRODUCTION**

The Arlington Community Charter School athletic & activity programs are designed for students to develop skills through participation, training, and dedication. Students should be stimulated and encouraged to participate, and provisions will be made to develop a strong foundation in fundamentals. The purpose of this handbook is to communicate to both participants and their parents the guidelines and expectations for participation in Arlington Community Charter School athletics and activities.

Students are responsible for conducting themselves properly, in accordance with the policies of the district and the lawful direction of staff. The district has the responsibility to afford students certain rights as guaranteed under federal and state constitutions and statutes.

Arlington Community Charter School has one general rule of behavior; that its members conduct themselves as good citizens. The characteristics of good school citizenship are:

- Regard for the rights and privileges of others.
- Punctuality and proper preparation for class, practice, and activities.
- Care for the condition and appearance of the grounds, buildings, and the school.
- Respect for ourselves and each other, respect for all members of the community

## **SPORTSMANSHIP**

Arlington's sportsmanship is judged by:

- Player sportsmanship on floor
- Coaching sportsmanship during the game
- Fan conduct during games
- Team conduct at motels, restaurants, and in the community
- School, student body and cheerleader conduct

## **UNSPORTSMANLIKE CONDUCT**

Unsportsmanlike conduct by players or coaches will not be tolerated. The coach or leader of each specific activity shall determine his/her own means of dealing with offenders and will keep the athletic director and/or principal informed of any incident and associated discipline.

## **PARENT/COACH/ADVISOR RELATIONSHIP**

As parents, when your child becomes involved in an extra-curricular program, you have the right to understand what expectations are placed on your child. This begins with clear communication from the coach/advisor of your child's team or group.

### **Communication you should expect from your child's coach/advisor**

1. Philosophy of the coach/advisor
2. Expectations the coach/advisor has for student/athletes
3. Location and times of all practices and contests
4. Team requirements (fees, equipment, etc.)
5. Procedures should your child be injured during practice or contests
6. Discipline policy
7. Requirements for earning a varsity letter
8. Off-season activities such as summer camps, games, and fund raising

### **Communication coaches/advisors should expect from parents**

1. Concerns expressed directly to the coach/advisor (If your child has a concern, please encourage them to try to communicate with their coach/advisor before you intervene.)
2. Notification of any schedule conflicts, well in advance
3. Specific concerns in regard to a coach/advisor's philosophy and/or expectations

### **Appropriate concerns to discuss with coaches/advisors**

1. The treatment of your child mentally and physically
2. Ways to help your child improve
3. Concerns about your child's behavior

### **Issues not appropriate to discuss with coaches/advisors**

1. Playing time
2. Team strategy
3. Play calling
4. Other student/athletes

Coaches make all decisions regarding playing time. Many factors determine playing time. These include attitude, commitment, ability, attendance, eligibility, and effort, to name a few. Coaches evaluate these factors practice-to-practice each week and make decisions accordingly.

### **If you have a concern to discuss with a coach, the procedure you should follow**

- Call the coach and set up an appointment.
- If a coach cannot be reached, call the Athletic Director (454-2632) to schedule an appointment.

**DO NOT** attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parents and the coach. Meetings of this nature usually do not promote resolution.

**What can a parent do if the meeting with the coach did not provide a resolution?**

- Call and set up an appointment with the Athletic Director to discuss the concern.
- At this meeting, further options will be explored and discussed

**PARTICIPATION**

An athlete cannot change sports unless both head coaches and the athletic director agree. An athlete who quits during any sport will not be allowed to participate in another sport during that sport season.

**The following items must be returned to the coach or athletic director:**

- 1<sup>st</sup> Practice:
  - Physical – new students, 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> & 11<sup>th</sup> grade students
  - Proof of insurance
  - Medical Release
  - Drug and Alcohol Policy
  - ASB Fees (Middle School - \$10.00) (High School - \$15.00)

Athletes who have not participated in a previous sport that calendar year must have a minimum of nine (9) full practices before participating in their first game or contest.

To participate in a scheduled activity or practice, students must attend school all day, unless they have an excused absence, or an emergency situation arises.

**LETTERING**

To earn a varsity letter, athletes must fulfill the requirements of the coach.

## ACADEMIC ELIGIBILITY REQUIREMENTS

The following eligibility requirements apply to all students.

- Eligibility period runs from Monday through Sunday.
- Students must maintain satisfactory progress in academic areas.
- High school students may not be receiving a failing grade in any coursework.
- Middle/Elementary students must have no incompletes and be providing adequate effort toward their proficiencies as determined by the teacher and communicated to the parent.
- Grade checks will take place the 1<sup>st</sup> school day of the week.
- Students who are deemed academically ineligible will
  - Attend Study Sessions as assigned
  - Not participate in games/activities
  - Be required to attend practices at the coach's discretion
  - Not miss class/assigned study session for participation in any activity
- Students will resume full participation and games/activities at the next weekly grade check where they are found eligible

Arlington Community Charter School students must meet all OSAA requirements for eligibility in addition to the district criteria.

**Attendance at school is mandatory for participation.** Students must be enrolled in five (5) class periods per day to participate in any athletic or activity with the exception of home schooled students. Any student with an unexcused absence or tardy from any part of the day or class period during the day of an athletic competition or performance, will not be allowed to participate, but must still attend the activity with team/group. In addition, any student that has been assigned in-school suspension and/or been suspended from school is also suspended from participating in any athletic activity during the time of punishment and may be subject to further discipline action by the coach and/or school administration. **Attendance at school the day following all athletic and/or extra-curricular activities is also required.** Students who have unexcused tardy/absence from school the day following such activity will not be allowed to practice that day and will be withheld from the next event. Per each individual team/activity policy, students may still be subject to further discipline from the coach and/or school administration.

Home-Schooled Students will be considered eligible for participation if they meet all district and OSAA criteria.

## **ALCOHOL/TOBACCO/DRUG VIOLATIONS – ATHLETIC POLICY**

A student who is participating in an athletic or activity may be tested for drugs/alcohol at the first available opportunity after the school becomes aware of a possible violation of school district policy.

### **Students are prohibited to use tobacco, alcohol, and drugs at all times.**

**Use of tobacco** - Research emphasizes that use of tobacco is physically harmful to young adults. This rule means no use of tobacco all school year, in or out of season.

**Alcoholic beverages** – There is no way to justify student use of alcoholic beverages. This rule means no use of alcohol all school year, in or out of season.

**Drugs** – Simply stated, drug abuse is the consumption of any chemical substance or the smoking of some plant derivatives for the purpose of mood modification. This rule means no use of drugs all school year, in or out of season.

Since people are often judged “guilty by association,” Arlington athletes are asked not to attend parties or activities where alcohol, tobacco, and/or drugs are being consumed illegally, and are expected to leave any parties or situations where they find this happening.

*Athletes attending parties when drugs and alcohol are being consumed will be subject to consequences for a drug and alcohol violation, and may also face criminal prosecution.*

This policy will be applied throughout the **entire calendar year**. In the event that the violation occurs during an athlete’s off-season, the suspension will begin with the athlete’s next sport season. Suspensions will be carried from one sport to another if the suspension is not completed in the previous sport season. The remaining games of the suspension in the next sport will be determined by the percentage of the suspension remaining. In the event that the school year ends prior to the suspension, the suspension will carry over to the next school year. The remaining games of the suspension in the next year will be determined by the percentage of the suspension remaining.

Students determined to be in violation of the alcohol, tobacco, and/or drug policy will begin their suspension as soon as the school becomes aware of the violation. Coaches/Advisors, at their discretion, may dismiss the student from further participation in the activity or request that the athlete(s) complete additional character development and drug and alcohol education in order to resume participation in their sport season.

In the event a student violates the alcohol, tobacco, and/or drug policy, the student will have the opportunity to complete a voluntary assessment and develop a plan of action.

## **VOLUNTARY ASSESSMENT AND PLAN OF ACTION:**

Assessment is a process by which attitudes and behaviors are evaluated, and information is gathered, which may be symptomatic of chemical dependency. Assessment is to be performed by a licensed assessment provider. The result of assessment must be submitted to the administration. Students who choose voluntary assessment must follow the recommendation of the outcome of the assessment. Documentation of satisfactory progress must be provided to the administration by the treating agency

The plan of action will focus on individual needs of each student; this may not be the same for all students. Students choosing the plan of action must complete and adhere to all components of the plan. The plan is not punishment, but rather a means to educate and help students make healthier choices.

**At the completion of the suspension and penalties, a student-athlete may be reinstated into the sport or activity upon the completion of the voluntary assessment (if chosen). The student-athlete must also be showing measured progress on their plan of action.**

### ***FIRST OFFENSE with ASSESSMENT***

Students determined to be in violation of this policy by use, possession, or active involvement with alcohol, tobacco, or drugs, will be subject to an immediate suspension of one-third (1/3) of the contests in a sport season (exact number of games will be determined by the administration) and 30 days immediate suspension of activities.

### ***FIRST OFFENSE without ASSESSMENT***

Students determined to be in violation of this policy by use, possession, or active involvement with alcohol, tobacco, or drugs, will result in immediate and full suspension from the athletic program and all activities for a period of six months or the completion of 100 school/community service hours approved by the administration. A clean drug screen will be required for reinstatement. The expense of the screen will be incurred by the athlete.

### ***SUBSEQUENT OFFENSES WITHIN ONE CALENDAR YEAR***

Students determined to be in violation of this policy by use, possession, or active involvement with alcohol, tobacco, or drugs, will result in immediate and full suspension from the athletic program and all activities or a period of one (1) calendar year. Mandatory follow-up with a qualified assessment provider will be required for reinstatement of the student into the athletic program and is contingent upon the student complying with the recommendations of the assessment provider. A clean drug screen will be required for reinstatement. The expense of the screen will be incurred by the athlete.

Any student who holds an appointed or elected position will be removed from the position and will be ineligible to hold an appointed or elected position for the remainder of the school year. Any student who violates this policy thirty (30) days prior to an election, will be ineligible to run for any position. For the purpose of this paragraph, the term of the position begins the day after the election or appointment. Examples of appointed or elected positions include, but are not limited to: student council, class and club officers, sport team captains, and STARS Teen Leaders, Homecoming Court, May Day Court, Prom Court.

## **CITIZENSHIP EXPECTATIONS**

In addition to maintaining academic eligibility and following training rules, athletes at Arlington Community Charter School are expected to meet basic citizenship expectations.

Consequences for breaking school rules will be handled by the coach and principal at their discretion, but consequences for severe infractions such as, but not limited to, theft, acts of violence or threats of violence, vandalism, or felonious acts shall be subject to the same consequences as the training rules policy. ACCS athletes must realize that citizenship expectations apply throughout the school year, in the community and in school.

## **PRACTICE**

No practices will be held on days when school is out for emergency reasons unless cleared with the AD/principal. When weather conditions impose a hazard to the health and/or safety of the participants, athletic contests and practices are to be postponed or canceled. This will be done at the Athletic Director's discretion.

Practices scheduled on Sundays, or legal holidays will be cleared through the AD.

Coaches are encouraged to establish and adhere to a consistent weekly routine for the time and place practices will be held so that parents will know when and where to pick up their players.

Notice of game or practice schedule changes will be announced as soon as possible. Coaches and school personnel will make every effort to allow athletes to make appropriate contact with parents/guardians.

## **EMERGENCY MEDICAL TREATMENT**

In cases of sudden illness or injury to a student or staff member, school staff will give first aid. Further medical attention to students is the parents' responsibility, or of someone the parents designate in case of emergency. School staff are charged with providing for the immediate care of ill or injured persons within his/her area of responsibility. Staff members shall report self-administered first aid treatment to an immediate supervisor.

## **MEALS**

No meal money is provided by the school district, except on overnight trips. At the coaches' discretion, it would be permissible to make a brief stop for food after a contest.

## **TRANSPORTATION AND TRAVEL RULES**

A student being transported on district provided transportation is required to comply with the district policies, rules and regulations, as well as, the conduct policies of the Bus Company. Any student who fails to comply with the district policies, rules, and regulations, as well as, the conduct policies of the Bus Company may be denied transportation services and shall be subject to disciplinary action.



A coach may grant a student/athlete permission to leave the traveling party only when the parent or guardian has signed their child out from the coach at the game. When buses are departing during school time, students are to board the bus at the school. Arrangements for any student transportation from a game, other than with their parents, must be pre-arranged with the Athletic Director or Principal.

Students will not be allowed to drive their own cars to any contest unless the parent receives permission from the Athletic Director, Principal and coach.

## **LOCKERS**

Student lockers are the property of the school district and may be opened and searched at any time by the administrator or by staff members designated by the administrator. Such a search does not require prior student notification if such action is deemed reasonable by the administration. Private locks are not authorized and will be cut off if found. Items belonging to a student, which are unlawful, or are in violation of school policy may be seized. When items are seized, students will be notified that a search occurred and of what items were seized.

Students may decorate the inside of their lockers only. No decorations regarding drugs, sex, alcohol, tobacco, or any inappropriate items may be used. Students shall not have personal decorations, signs or items on the outside of lockers. Additionally, students may not post personal signs or decorations on school property unless approved by the administration. Students may post campaign signs during student body election week.

Money and other valuables should not be kept in lockers, restrooms or dressing rooms. If the item cannot be kept on your person or left at home, consult the office. Some valuables are not allowed in class.

## **PHYSICAL EXAMINATIONS**

All students in grades five, seven, nine and eleven participating in interscholastic athletics must have a physical examination performed by a physician, licensed by the Oregon State Board of Medical Examiners, prior to practice and competition in athletics. The examination should be performed no earlier than May 1<sup>st</sup> of the preceding school year. The physical examination is the responsibility of the parents/guardians or student and is to be paid for by the parents/guardians or student.

Any student in grade six, eight, ten and twelve participating in interscholastic athletics that did not have a physical the previous year must also have a physical as above. All other sixth, eighth, ten, and twelfth grade students must complete an Annual Interval History Form (page 19) prior to participation.

Record of the examination shall be kept on file at the school and shall be reviewed by the coach prior to the start of any sport season. Students shall not participate without a record of passing the examination.

In addition, a physical examination shall be required:

1. When a student is new to the school district and has not had the required Oregon medical examination or its equivalent.

2. When the student has undergone major surgery or accident in the intervening period between scheduled examinations.

Annual physical examinations are required in the following situations:

1. When the student has been given a diagnosis of a significant disease process or chronic illness.

Significant disease processes or illnesses include but are not limited to epilepsy, asthma, diabetes, concussion, chronic heart disease (including heart murmur) and severe allergy.

## **INSURANCE**

At the beginning of the school year, the district will make available to students and parents/guardians a low cost student accident insurance program. Parents/Guardians are responsible for paying premiums (if coverage is desired) and for submitting claims through the district office. The district shall not be responsible for costs of treating injuries or assume liability for any other costs associated with an injury.

Before participating in school sponsored athletics/cheerleading, students and parents/guardians must have purchased the student accident insurance or show proof of insurance.

# FORMS

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# ARLINGTON COMMUNITY CHARTER SCHOOL

## STUDENT PLEDGE

As a participant in the ARLINGTON COMMUNITY CHARTER SCHOOL PROGRAM, I agree to abide by all training expectations regarding the use of alcohol/tobacco/drugs and the maintenance and development of citizenship. Chemical dependency is a progressive but treatable disease, characterized by continued drinking/drugging in spite of recurring problems resulting from that use. Therefore, I accept the pledge to abide by the expectations listed in the athletic handbook and others established by my coach.

TO DEMONSTRATE MY SUPPORT, I PLEDGE TO:

1. Support my fellow students by setting an example and abstaining from alcohol, tobacco, and drug use.
2. Not enable my fellow students who use alcohol/tobacco/drugs. I will hold my teammates responsible and accountable for their actions.
3. Seek information and assistance in dealing with my own or my fellow students' problems.
4. Be honest and open with my parents about feelings, needs, and problems.
5. Be honest and open with my coach and other school personnel when the best interest of my fellow students and my school are being jeopardized.
6. I will **immediately leave** any parties or situations where alcohol, tobacco, and drug are being consumed illegally.
7. Demonstrate positive sportsmanlike ability in all activities, practices, and events I participate in throughout the year.
8. Demonstrate appropriate citizenship expectations in all aspects.

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Student Signature

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Date

# **ARLINGTON COMMUNITY CHARTER SCHOOL PARENT-STUDENT ATHLETIC & ACTIVITY AGREEMENT**

The Athletic Director/Secretary prior to the athlete's participation in athletics must receive this completed form, along with the student pledge, and the physical/annual interval history forms.

## **PARENTAL APPROVAL**

I hereby give permission for \_\_\_\_\_ (participant's name) to participate in Arlington School District athletics. I recognize that it is a privilege for him/her to do so and therefore agree that he/she will abide by the expectations and regulations set forth in Arlington Community Charter School's Athletic & Activities Handbook.

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

\_\_\_\_\_  
Date

## **ACKNOWLEDGEMENT OF EXPECTATIONS AND REGULATIONS**

I hereby acknowledge that I have read the Arlington Community Charter School's Athletic & Activity Handbook and intend to participate in the District's athletic programs and activities. I recognize that it is a privilege to do so and therefore agree to abide by the expectations and regulations of the school district as set forth above.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

## **INSURANCE COVERAGE**

I certify that \_\_\_\_\_ (participant's name) is covered by accident/medical insurance and agree to maintain said coverage through the duration of the school year.

Policy # \_\_\_\_\_ Company \_\_\_\_\_

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

\_\_\_\_\_  
Date

## **PHYSICAL/ANNUAL INTERVAL HISTORY FORMS**

Forms necessary for the completion of physical exams and/or annual interval history statements are available on pages.

Forms received by \_\_\_\_\_  
Athletic Director/Principal

\_\_\_\_\_  
Date

# ARLINGTON COMMUNITY CHARTER SCHOOL

## Consent for Medical/Emergency Treatment and Child's Medical Information

The following information and consent are necessary in case a medical emergency involving your child should occur while he/she is in the care of school district personnel at athletic events, field trips, etc.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Allergies, if any \_\_\_\_\_

Date of late Tetanus Booster \_\_\_\_\_

Medicine child is taking \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Group # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email: \_\_\_\_\_

In presenting my child for diagnosis and treatment, I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, etc. by authorizing members of the hospital staff as may, in their professional judgment be necessary.

I have read this form and certify that I understand its contents and acknowledge that I (we) are responsible for all reasonable charges in connection with care and treatment of my child.

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

\_\_\_\_\_  
Date

# ARLINGTON COMMUNITY CHARTER SCHOOL ANNUAL INTERVAL HISTORY FORM

Received by \_\_\_\_\_  
Date \_\_\_\_\_

To be completed by parent/guardian

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Student's Birthdate \_\_\_\_\_

In the past year, \_\_\_\_\_ (student's name):      circle answers

Please explain any "yes" answers

1. Has had injuries requiring medical attention      yes no \_\_\_\_\_

2. Has had illness lasting more than a week      yes no \_\_\_\_\_

3. Is under a physician's care now      yes no \_\_\_\_\_

4. Takes medication now      yes no \_\_\_\_\_

5. Wears glasses:      yes no \_\_\_\_\_

6. Contact lenses:      yes no \_\_\_\_\_

6. Has had a surgical operation.      yes no \_\_\_\_\_

7. Has been in a hospital (except tonsillectomy)      yes no \_\_\_\_\_

8. Do you know any reason why this student  
should not participate in all sports?      yes no \_\_\_\_\_

9. Name of physician: \_\_\_\_\_

10. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

# School Sports Pre-Participation Examination June 2005

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 the 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: cardiomyopath, 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. FEMALES ONLY
_____	_____	_____	a. When was your first menstrual period? _____
_____	_____	_____	b. When was your most recent menstrual period? _____
_____	_____	_____	c. What 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 for 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.

I hereby authorize release of these examination results to my child's school.

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

*As per ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."*



## School Sports Pre-Participation Examination

NAME: _____	BIRTHDATE: ____/____/____
Height: _____	Weight: _____ % Body Fat (optional): _____
	Pulse: _____ BP: ____/____ (____/____)
Vision: R 20/____ L 20/____	Corrected: Y N Pupils: Equal ____ Unequal ____
	Rhythm: Regular ____ Irregular ____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1st & 2nd heart sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			

MUSCULOSKELETAL			
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 ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."*