

OAK HARBOR SCHOOL DISTRICT

ATHLETIC CLEARANCE FOR SINGLE SEASON

AD-1 (6/14) FILL OUT EVERY SPORTS SEASON

Athlete's Name: \_\_\_\_\_ Student # \_\_\_\_\_ Grade: \_\_\_\_\_

Check One Sport Only

- Baseball Basketball (B) Basketball (G) Cheer Cross Country Football Golf Soccer (B) Soccer (G) Softball Volleyball Swim (B) Swim (G) Tennis (B) Tennis (G) Track/Field Wrestling Spring Football Athletic Training Manager

YES NO

PARENT PERMISSION

Athletics provide a learning experience for the students and allows them an opportunity to apply their classroom learning and athletic training. In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed. Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in athletics. Being fully informed as to these risks, I hereby consent to the student participating in the athletic program and do not hold the school district responsible for anything other than negligence shown by the district.

PUBLICITY PERMIT

I give permission for this student athlete to appear in any publications for the purpose of telling of activities happening in the Oak Harbor School District. I understand hat these publications might include school informational or promotional brochures, pictures, newspaper articles and/or newsletters relating to school activities.

EMERGENCY TREATMENT RELEASE TO BE COMPLETED BY PARENT/GUARDIAN

All Questions Must Be Completed

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

Parent/Guardian Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Chronic Problems (Asthma, Heart Murmur, Diabetes, etc.): \_\_\_\_\_ Life Threatening: Yes No

Allergies (Medication, Bee Stings, etc.): \_\_\_\_\_ Epi Pen Needed: Y / N

Are you on medication? If YES, what? \_\_\_\_\_ Do you wear Contacts: Hard Soft

Health Insurance Carrier: \_\_\_\_\_ Plan Number (Must be Listed): \_\_\_\_\_

Insurance is required. Low cost student accident Insurance information is available through your school. Contact the Athletic Office for Information.

Family doctor & Clinic: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

In the event that my son/daughter, named above, requires emergency medical treatment while participating in a school activity at a time or place where I am not physically present to authorize it, I give my permission for appropriate supervisory personnel of the Oak Harbor School District to secure such care as may be necessary. In addition, I have read and understand the Athletic Eligibility Information Bulletin:

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ELIGIBILITY TO BE COMPLETED BY ATHLETE AND PARENT/GUARDIAN

- 1. Month/Year enrolled in 9th grade. Month Year
2. Do you live within Oak Harbor School District boundary? Yes No
3. Are you living with your natural parent(s) or court appointed guardian? Yes No
4. High school students only: Is this the only high school you have been enrolled in? Yes No
5. Did you attend school last semester? Yes No
6. Are you currently enrolled in at least five full-time semester classes? Yes No
7. Did you pass all semester classes during the previous grading period? (min. 5 classes) Yes No
8. High school students only: Are you a Running Start student? Yes No
9. Are you a home school student? Yes No
10. Did you repeat any middle or HS grade level? Yes No

I have read, understand and agree to abide by the information stated in the Athletic Eligibility Information Bulletin. I certify that all information above is accurate.

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLEARANCE TO BE COMPLETED BY ATHLETIC OFFICE

Student Athletic Contract: Physical Date: ASB Card: Activity Fee: Concussion: Risk:
Insurance Purchase Date (if no waiver): Fines Clear: Grades OK: Other:
Authorized Signature: Date:

RETURN TO ATHLETIC OFFICE