GRADE	SEX	PHYSICAL	VBALL	BBALL	WRESTLING	TRACK
6 7 8	M F	//	Y N	Y N	Y N	Y N

Oregon Trail Middle School Athletic Clearance

	Oregon Tran Wildie	School Auneue Clearance	
Student Name:Last	First	Birthd Middle	ateAge:
-122 1	2.200		
Address:Street/PO Box	City	Home F Zip	Phone:
In case of illness, accident, or emergency to the studeach contact 1, 2, 3 in order of calling preference.	·	-	Please keep this information current. Number
() Father: Name :		Cell Phone Number _	
		Other Number	
() Mother: Name:		Cell Phone Number _	
		Other Number	
() Alternate Contact Name:		Relationship:	Phone:
Family Physician (if possible) Name:		Phone:	
Allergies info: (Food, Drugs, Insects)			
Special Health Problems:			
Y / N - Permission to take student to nearest emerg	ency hospital*		
* In case of emergency which needs immediate I will accept full responsibility. WARNING:	There is a possibility of ser		
All athletes that participate in athlet	ics MUST have acciden	nt insurance. Insurance informa	ation is MANDATORY.
Name of Medical Insurance Co		Gre	oup or I.D. #
PARENT SIGNATURE		DA'	TE
Any sport, which may result in contact w The possibility of injuries from these dan eliminated, by knowing and using proper training and practice sessions. As a condi	STATEMENT OF RIS ith fixed or moving surfaces, agers must be accepted by the technique and fundamentals, tion of permission to participa ll times, attend all training an	player and the players family. The pos- maintaining good physical conditioninate, player assures he/she will use prop- d practice sessions, follow instructions	odily harm, which cannot be eliminated. ssibility of injury can be reduced, but not g, being alert at all times and attending all er technique and fundamentals, maintain and obey the rules of the game. No student
By my signature below, I do hereby acknowledge		OF WARNING BY STUDENT above "Statement of Risks." If I wan	t more information; I will personally contact

By my signature below, I do hereby acknowledge that I understand the above "Statement of Risks." If I want more information; I will personally contact the coach. I realize that by participating in sports, I am exposing myself to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial, or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in sports, and should I choose to participate in sports, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in sports.

STUDENT SIGNATURE	DATE
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ACKNOWLEDGEMENT OF WARNING BY PARENT(S)/GUARDIAN(S)

By my signature below, I do hereby acknowledge that I understand the above "Statement of Risks." If I want more information; I will personally contact the coach. I realize that my child named above may suffer serious injury including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in sports. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to my child named above which may result, I give my consent to participate in sports.

PARENT/GUARDIAN SIGNATURE	DATE	

6/25/14