



Athletic Eligibility Form

Student Name:

Age:

Grade:

Primary Parent/Guardian

Name:

Email:

Phone Number:

Athletic Insurance Information

All school athletes must be covered by medical insurance, provided by parent/guardian, for the duration of the athletic activities in which they participate. Inform the school immediately should there be a change in insurance coverage.

Medical Insurance Company:

Policy Number/Member ID:

Child's Physician:

Physician's Phone Number:

Parent/Guardian Permission

I hereby give my consent for the above-named student to engage in school and state-association-approved athletic activities as a representative of Seven Peaks School. I understand that interscholastic sports are part of a broader extracurricular program designed to teach students skills, and to reinforce concepts of self-worth, cooperative effort, and ethical decision-making. While coaches and other school staff will make every reasonable effort to protect my child against injury, including provision of appropriate equipment, safe facilities, and training designed to reduce the likelihood and impact of accidents and injuries, I understand that athletic activity poses inherent risk of injury, including serious or disabling injury. I also understand that participation in athletics will involve travel, which brings inherent risk of accident and injury. I give my consent for this student to accompany the team when traveling to practices or competitions.

I understand that my child is expected to attend all team practices and contests, and that attendance at practices may be reflected in playing time in games and tournaments. I further understand that my child will be responsible for the proper care and use of any and all athletic equipment, including uniforms, issued to them as part of their athletic participation, and that I will be liable for the cost of repair or replacement of equipment that my child loses or damages (ordinary wear and tear excepted).

I have read and understand the implications of the rules and regulations governing my child's participation in Seven Peaks School activities. I understand that my child is expected to follow the rules and regulations for participation as outlined in the Parent/Student Handbook and Athletic Department guidelines, and should my child violate those provisions, they are subject to discipline in accordance with procedures listed in the handbook.

I understand that, in order for my child to participate in Seven Peaks athletic activities, I must provide updated health and medical information for my child, by annually submitting the school's Health Information and Medication Permission Form. In addition, I understand that I must provide evidence that my child has undergone a physical examination by a licensed medical provider, within the 24 months before my child begins participating in an athletic activity (per State of Oregon regulations). I understand that it is my responsibility to promptly notify the school of any change in my child's health status that might impact their participation in athletics.

In the event of an apparent or real emergency, in which medical treatment or hospitalization of my child may be necessary, after effort to contact me at the telephone number(s) above, I the undersigned parent or guardian do hereby authorize and appoint Seven Peaks School, through its employees, to obtain any medical care or hospitalization of the above-named child as they believe necessary and proper for the immediate care and welfare of said child. I do further authorize and direct any medical doctor or hospital to render any and all treatment believed necessary and proper for the immediate care and welfare of the above-named child, and the undersigned agrees to pay for such medical treatment and expenses incurred on behalf of such child. I attest that I shall hold Seven Peaks School harmless from any liability, claims, judgments, and cost incurred in, or as a result of, any such medical treatment or hospitalization.

Parent/Guardian Signature:

Date:

I have read and completed all of the sections of this form, and all statements are true to the best of my knowledge. I agree to the terms and conditions specified herein.