

La Grande High School 2020-2021 Athletics Permission Form

Student Name: _____ Grade: _____

Parent/guardian name _____ M ___ F ___ Non Binary _____

FALL

- Football
- Boys Soccer
- Girls Soccer
- Volleyball
- Cross Country

WINTER

- Boys Basketball
- Girls Basketball
- Swim
- Wrestling

SPRING

- Baseball
- Softball
- Boys Golf
- Girls Golf
- Tennis
- Track

Participation in interscholastic athletics includes risk of injury, which may range from minor to disabling to death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate risk. Participants have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coach, follow a proper conditioning program, and inspect their own equipment daily. Parents and students who **DO NOT ACCEPT** these described risks should not sign this form. Parent and student agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the proper course of athletic activities or travel.

ACCIDENT/INJURY INSURANCE:

Students must have medical insurance coverage to participate in athletics. La Grande High School **DOES NOT** provide accident or health insurance coverage for students. Parent is responsible for providing insurance coverage. Student medical insurance policies are available for purchase through the school district. Information and forms are available through the school office.

PLEASE CHECK:

- My student has permission to participate in sports at La Grande High School.
- I give permission for my student to travel with any school team of which they are a member on local or out-of-town trips. Any exemption must be cleared with parent, coach and administrator.
- I understand and agree that my student will be held accountable for the expectations and discipline as set forth in the La Grande High School Athletic & Activities Program Information Booklet (lhs.lagrandesd.org) while my student is a member of any athletic team. I understand that if my student violates the agreement he/she will be subject to discipline set forth in this agreement in addition to discipline under other La Grande School District Policy.

Parent signature: _____ Date: _____

STUDENT MUST SIGN:

I have received a copy/accessed it online and I agree to read the Athletic & Activities Program Information Booklet, (lhs.lagrandesd.org) including Substance Abuse Violations and Consequences. I will abide by these Rules and Regulations while I am a member of a La Grande High School athletic team. I understand that if I violate this agreement I will be subject to discipline set forth in this agreement in addition to discipline under other La Grande School District Policy.

Student signature: _____ Date: _____

PLEASE COMPLETE BACK OF PAGE

ELIGIBILITY REQUIREMENTS (OSAA and La Grande School District):

Circle one:

- | | | |
|------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Did you begin 9 th grade at this school? | Yes | No |
| 2. Have you attended this school continually since 9 th grade without attending another school? | Yes | No |
| 3. Are you currently living with your birth, adoptive parents, or foster parents? | Yes | No |
| 4. Are you living within the attendance boundaries of this school? | Yes | No |
| 5. Are you currently enrolled at LHS in 5 full classes (2.5 credits)? | Yes | No |
| 6. Did you pass at least 5 classes (2.5 credits) on your last report card? | Yes | No |
| 7. Are you under 19 years of age? | Yes | No |

If you have answered no to any of these questions, please explain:

TRANSFER STUDENTS ONLY

If you have transferred to La Grande High School this year:

What school are you transferring from? _____

Grades attended: _____

Did you participate in sports at your last school? _____ Which one? _____

HOME SCHOOL STUDENT or ASSOCIATE MEMBER SCHOOL (circle one)

Date and score of last test _____

Date of enrollment in home school program (with IMESD): _____

Name of associate member school _____

EMERGENCY INFORMATION

Student name: _____

As parent/guardian, I hereby authorize any 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.

Parent Signature _____ Date: _____

Insurance Company: _____ Policy Number: _____

Name of Physician: _____ Telephone: _____

Any medical conditions (such as asthma, diabetes, seizures, etc.) allergies (such as penicillin, bee stings, etc) or specific instructions necessary for treatment:

Phone numbers to call in case of emergency:

Parent/guardian name: _____ Hm phone: _____ Wk phone: _____

Parent/guardian name: _____ Hm phone: _____ Wk phone: _____

Parent Email: _____

Parents will be called first in case of emergency. Please list two persons (other than parents) to call in case parents cannot be reached:

Contact name: _____ Hm phone: _____ Wk phone: _____

Contact name: _____ Hm phone: _____ Wk phone: _____

La Grande High School Athletics Parent Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions due to OAR 581-022-0421, Max's Law, which states:

1. Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion following an observed or suspected blow to the head or body, or who has been diagnosed with a concussion, shall not be permitted to return to that athletic contest or practice, or any other contest or practice on that same day.
2. Any athlete removed for this reason must be seen by OSAA approved healthcare provider for an evaluation (MD, PA, DO, NP or licensed psychologist), as well as a deciding decision on whether or not the athlete did indeed sustain a concussion.
3. The athlete shall not be permitted to return to any type of athletic activity until the athlete no longer exhibits any signs, symptoms, or behaviors consistent with a concussion and is cleared for return to play by an approved healthcare provider after completing a graduated return to play protocol.
4. All OSAA coaches and administrators will perform a yearly training and must pass a written test regarding recognizing and care for concussion in sport (OSAA).

In addition, this information sheet is to explain the La Grande High School concussion in sport policy and the return to sport policy after a concussion.

What is a concussion and how would I recognize one?

A concussion is an injury to the brain, which can be caused by a hit, bump or blow to the head, or by a blow to another part of the body with force that shakes the head. The movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells. Concussions can occur in any sport and every person responds differently.

Most concussions occur without loss of consciousness. Signs and symptoms include (but are not limited to): headache, dizziness, pressure in head, neck pain, balance issues, blurred, double or fuzzy vision, difficulty focusing, drowsiness, change in sleep patterns, change in behavior, sensitivity to light and/or noise, nausea, vomiting, feeling sluggish/slowed down, anxiety, confusing, forgetfulness, etc. Some of these may appear immediately after an injury, and some may develop over time. This is why athletes are not allowed to return to play after sustaining a concussion.

If your child reports any symptoms of a concussion, especially after sustaining a hit or blow to the head, seek medical attention; they may talk to the school's athletic trainer, nurse, or call their primary physician. If the child is vomiting, has a severe headache, or has trouble staying awake, he or she should be immediately taken to the emergency department of the local hospital.

For more information, please see the LGSD website for the concussion/tbi policy.

La Grande High School Athletics
Concussion Information Sheet
Parent/Guardian and Athlete Statement

I certify that:

1. I have been provided with information on concussions in high school sports in compliance with ORS 336.485 and OAR 581-022-0421.
2. I understand that this notice will be signed every two years and turned into the school's Athletic Director prior to participation in a practice or competition.
3. I understand La Grande High School's policy and OSAA's policies regarding concussion in sports and return to sports following a concussion.

Student: _____ Signature: _____ Date: _____
(printed name)

Parent: _____ Signature: _____ Date: _____
(printed name)