



# Regis High School Athletic Participation Form

2022-23

Student-Athlete Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_

### Intend to Participate (Check all that Apply)

Fall	Winter	Spring
<input type="checkbox"/> Cheer <input type="checkbox"/> Cross Country <input type="checkbox"/> Football <input type="checkbox"/> Volleyball	<input type="checkbox"/> Basketball <input type="checkbox"/> Cheer <input type="checkbox"/> Wrestling	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Track & Field

### Checklist

All Items must be complete prior to participation

Academic Check

**OSAA : 8.1.1 Full-Time Enrollment.** For purposes of this rule, a full-time student is one who is enrolled in high school, attending regularly and passing in courses offered... In addition, a full-time student shall have been enrolled in school, attended regularly and passed subjects equivalent to at least the quantity listed on the appropriate line of the chart below during the immediate preceding transcribed grading period.

<i>Number of Classes Offered</i>	<i>Minimum Number Passed</i>	<i>Minimum Credits Earned</i>
4	3	1.5
5	4	2.0
6	5	2.5
7	5	2.5
8	5	2.5

**8.1.2 Satisfactory Progress Toward Graduation.** ... a student must be making satisfactory progress toward graduation ... earning a minimum number of credits prior to the start of the specified year.

Regis Credits to Graduate	24
Credits Per Year	6
Required Prior to Year 2 (Sophomore)	4.5
Required Prior to Year 3 (Junior)	10
Required Prior to Year 4 Senior)	17

**Regis St. Mary:** Must be passing all classes.

Acceptable Grades A, B, C, no more than 1 D is permitted

- Inherent Risk in Athletic Participation
- Emergency Authorization
- Physical: Must be Renewed Every 2 Years
- OSAA Concussion Private School Consent
- Acknowledgement of Understanding of Student Handbook
- Parent Code of Conduct & Agreements

**Regis St. Mary Catholic School**  
**Athletic Consent Form**  
**WARNING of Inherent Dangers and Consent to Play**

(Prior to participating, both the student and parent must read carefully & sign at bottom)

I am aware that athletics is a high-risk sport and that practicing or competing in athletics will be a dangerous activity involving **MANY RISKS OF INJURY** outside the control of myself or coaches.

I understand the dangers and risks of practicing and competing in athletics include but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being

I understand that the dangers and risks of practicing or competing in athletics may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. I also understand that the sport in which I participate may be so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all vestiges of danger. I am informed the School does not assume the responsibility for the medical services required for these risks.

Because of the dangers of athletics, I recognize the importance of following the coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

Regarding athletics, engaging in all activities related to the team, including but not limited to trying out, practicing or competition, I have read the above warnings and I understand their terms and give my consent to participate.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Athlete

\*\*\*\*\*

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_.

In consideration of the Regis St. Mary Catholic School permitting my child/ward to try out for the Regis St. Mary Catholic School athletics team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in athletics, I have read the above warning and I understand their terms and give my written consent for them to participate with my full knowledge of the hazards associated with athletics.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Legal Guardian

## Regis St. Mary Catholic School

### ATHLETIC/ACTIVITY EMERGENCY INFORMATION

Complete emergency information for your student to participate in extracurricular activities for the school year.

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Primary Parent/Guardian Contact Name \_\_\_\_\_

Emergency Primary Parent/Guardian Contact Phone \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_

Alternate Emergency Contact Phone \_\_\_\_\_

Family Physician Name \_\_\_\_\_

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

Insurance Carrier \_\_\_\_\_

#### Known Allergies

\_\_\_\_\_

#### Previous Injuries that Needed Medical Attention (Please list and provide date)

\_\_\_\_\_

In the event of a serious injury, if your family physician is not available or cannot be located, As Parent or Legal Guardian, I authorize the team physician/Certified Athletic Trainer or in their absence a qualified physician to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to assure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of school authorities and aforesaid agent(s) to give reasonable care.

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

# HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Foods  Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS		
1. When was the student's last complete physical or "checkup?" Date: Month/ Year _____ / _____ (Ideally, every 12 months)	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?		
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS		
	YES	NO
16. Do you cough, wheeze or have difficulty breathing during or after exercise?		
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY		
	YES	NO
30. Have you ever had a menstrual period?		
31. How old were you when you had your first menstrual period? _____		
32. How many periods have you had in the last 12 months? _____		

Explain "yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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."

Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

# PHYSICAL EXAMINATION FORM

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

EXAMINATION		
Height:	Weight:	BMI:
BP: / ( / )	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for:
- Not cleared
  - Pending further evaluation
  - For any sports
  - For certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of provider: \_\_\_\_\_

*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."*

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## Concussion – Private School Informed Consent

Excerpt OSAA Handbook, Executive Board Policies, *Concussion Management*

*(Revised Summer 2020)*

A. **Member School’s Responsibilities (Max’s Law, [ORS 336.485](#), [OAR 581-022-0421](#)) (Jenna’s Law, [ORS 417.875](#)) (Qualified Health Care Professional, [ORS 336.490](#))**

- 1) **Suspected or Diagnosed Concussion.** 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 athletic contest or practice on that same day. In schools which have the services of an athletic trainer licensed by the Oregon Board of Athletic Trainers, that athletic trainer may determine that an athlete has not exhibited signs, symptoms or behaviors consistent with a concussion, and has not suffered a concussion, and return the athlete to play. Athletic trainers may also work in consultation with a Qualified Health Care Professional (see below) in determining when an athlete is able to return to play following a concussion.
- 2) **Return to Participation.** Until an athlete who has suffered a concussion is no longer experiencing signs, symptoms, or behaviors consistent with a concussion, and a medical release form signed by a Qualified Health Care Professional is obtained, the athlete shall not be permitted to return to athletic activity. As of July 1, 2020, [ORS 336.490](#) requires athletes be cleared by one of these Oregon Qualified Healthcare Professionals: Medical Doctor (MD), Osteopathic Doctor (DO), Chiropractic Doctor (DC), Naturopathic Doctor (ND), Nurse Practitioner (NP), Physician Assistant (PA), Physical Therapist (PT), Occupational Therapist (OT) or Psychologist who is licensed or registered under the laws of Oregon. Before signing any RTP forms, except for MD and DO signers, course completion certificates from the Oregon Concussion Return-To-Play Education must be obtained by all DC, ND, PT and OT and, after July 1, 2021, by all NP, PA and Psychologists.
- 3) **Private Schools Only. [\(Concussion-Private School Informed Consent\)](#)**  
On an annual basis prior to participation, private schools shall require each athlete and at least one parent or legal guardian of the athlete to sign the Concussion – Private School Informed Consent form acknowledging the receipt of information regarding symptoms and warning signs of concussions. Private schools shall maintain a copy of each athlete’s signed form on file for review at any time by OSAA staff.

See OSAA Handbook, *Executive Board Policies, “Concussion Management”* for additional information.

### Jenna’s Law Compliance Statement

I certify that:

1. I have been provided with information on concussions in high school sports in compliance with ORS 417.875.
2. I understand that on an annual basis, the Concussion – Private School Informed Consent form shall be signed and turned into my school’s Athletic Director by myself (or my parent or legal guardian if I am under the age of 18 years old) prior to my participation in a practice or competition.

Student: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Printed Name)*

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Printed Name)*



Oregon School Activities Association  
 25200 SW Parkway Avenue, Suite 1  
 Wilsonville, OR 97070  
 503.682.6722 <http://www.osaa.org>

School Fax: \_\_\_\_\_  
 School Email: \_\_\_\_\_

**MEDICAL RELEASE – RETURN TO PARTICIPATION FOLLOWING A CONCUSSION**

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ School/Grade: \_\_\_\_\_

*This section to be completed by school official, coach, athletic trainer or parent.*

Date of Injury: \_\_\_/\_\_\_/\_\_\_ Sport/ Injury Details: \_\_\_\_\_

- At this time, the athlete is:
- |  |  |
|--|--|
| <input type="checkbox"/> symptom-free at rest                    | <input type="checkbox"/> NOT symptom-free at rest                    |
| <input type="checkbox"/> symptom-free at exertion                | <input type="checkbox"/> NOT symptom-free at exertion                |
| <input type="checkbox"/> scoring within a normal range on ImPACT | <input type="checkbox"/> NOT scoring within a normal range on ImPACT |

If ImPACT test used, please attach baseline and post-concussive report with percentiles. Passport ID: \_\_\_\_\_

For a list of common concussion symptoms and management recommendations, see [www.osaa.org/health-safety/concussion](http://www.osaa.org/health-safety/concussion).

Comments: \_\_\_\_\_

Completed by (Printed name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Athletic Trainer     Coach     Athletic Director     Other: \_\_\_\_\_

**Graduated, Step-wise Return-to-Participation Progression:** A medical release is required by **ORS 336.485, ORS 417.875** before returning to participation.

- Symptom-Limited Activity:** Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
- Light Aerobic Exercise:** Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
- Sport Specific Exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
- Non-Contact Training:** More complex drills in full equipment. Weight training or resistance training may begin.

**\*\*Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.**

- Full-Contact Practice:** Participate in normal full-contact training activities.
- Unrestricted Return-to-Participation / Full Competition:** Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

**This section to be completed by Physician/Qualified Health Care Professional:**

- Athlete may NOT return to any sport activity including school PE until medically cleared.
- Athlete should remain home from school to rest and recover with a projected return to school date \_\_\_\_\_.
- Please allow classroom accommodations, such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.

Please use OSAA / CBIRT adopted form **Medical Release – Return-to-Learn Following a Concussion** <http://www.osaa.org/docs/forms/>

Additional Recommendations: \_\_\_\_\_

- Athlete may begin graduated return-to-participation at step circled above. If symptom free at rest and with graded exertion, can progress as above.
- Athlete is now cleared for full contact practice/play: symptom free at rest and exertion and has completed a graduated return-to-participation protocol.

Return-to-Participation Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Physician/Qualified Health Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Qualified Health Care Professional Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Attestation: I am returning this athlete to participate in accordance with these statutes **ORS 336.485, ORS 417.875, ORS 336.490** as a Qualified Health Care Professional. These statutes require athletes be cleared by one of these Oregon qualified health care professionals: MD, DO, DC, ND, NP, PA, PT, OT or Psychologist. Before signing any Return-to-Participation forms, course completion certificates must be obtained by all DC, ND, PT and OT and after July 1, 2021 by all NP, PA and Psychologists. For other than MD / DO, I certify that I have completed the Oregon Concussion Return-to-Play Education: <https://www.ohsu.edu/school-of-medicine/cpd/return-play>.

# Handbook Acknowledgment

By signing below, we acknowledge that we have read the **Regis. St. Mary Student/Parent Handbook** and acknowledge that student-athletes carry a higher profile in the community greater expectations of conduct are placed on them. As such, student-athletes are a model to their peers and younger students in the Regis St. Mary Catholic School.

We agree to follow the school policies and procedures as stated and recognize the greater responsibilities placed on student-athletes.

## **Specific Standards for Participation in Activities & Athletics**

Students that wish to participate in activities and athletics will adhere to the following:

- **Students must Attend** five class periods to participate in co-curricular events
- **Christian Service:** Student athletes are required to meet deadlines as outlined in the Christian Service section of the handbook.
- **Uniforms and Equipment:** All student athletes are responsible for all uniforms and equipment issued to them. Items not returned at the end of the season must be paid for and will be billed through the business office.
- **Locker and locker room:** Lockers are issued to student athletes by head coaches. The school is not responsible for lost or stolen items.
- Students will lose their privileges to both practice for and participate in any co-curricular activity during any suspension from school.
- Students are expected to maintain satisfactory behavior in the classroom, on school campus, and at any school activity, home or away.
- Administrators will notify advisors if behavioral problems arise that are likely to affect eligibility.

## **Student-Athlete and Parent Signatures**

\_\_\_\_\_  
Student-Athlete Printed Name

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date



# PARENT CODE OF CONDUCT & AGREEMENTS

2022-23

## The Purpose of Athletics at Regis High School

Our mission is to Develop Disciples of Christ who Love, Learn, Lead and Serve.

We strive to educate the whole person spiritually, academically, intellectually, socially and physically. We recognize that athletics play a major part in our students' development. Our goal is to provide opportunities for student-athletes to participate in a variety of sports. While we take great pride in our athletic accomplishments, attention is paid to the academic and spiritual growth of our student-athletes.

Our goal for the Regis High student-athlete is to reflect to others that success comes from knowing that you did your best to become the best that God wants you to be. We teach student athletes to put forth their best effort and display the highest level of sportsmanship through participation, developing their faith, spirituality and character.

## PARENT CODE OF CONDUCT AGREEMENT

Regis High School strives to encourage sportsmanship throughout its athletic programs. The school expects all parents and spectators to be respectful of opponents, players, coaches, and officials. Therefore, as the parent of a Regis student-athlete, I (and my guest) agree to the following: Please check the box to agree:

I will be a positive role model for my child and encourage good sportsmanship by showing respect for and courtesy to all players, coaches and officials at every game, practice or other sporting events

I Agree

I will not engage in any unsportsmanlike conduct with officials, coaches, players, parents or opposing teams. I will not argue with or berate a coach, game official, student-athlete, or fan from Regis High or opposing school.

I Agree

I will not coach my student-athlete or any other players during practices, games or other Regis Ram events.

I Agree

I will place the emotional and physical well-being of my child ahead of any personal desire to win

I Agree

I will not use profane or offensive language or gestures at any Regis High athletic practice, game or sporting event

I Agree

I will remain in the spectator's area and will not enter the playing area or locker room during any practice or competition, before and after contests, except with the explicit permission of a Regis High coach, Athletic Director, Athletic Trainer or on-site administrator

I Agree

I will support and encourage student-athletes to follow the rules and behavioral guidelines as published in the Regis High Student-Parent Handbook.

I Agree

When a situation or conflict arises, I will follow these guidelines:

1. My student-athlete child will first discuss the concern with the coach.
2. If the coach/student-athlete meeting does not clear the situation, I will respectfully bring my concerns to the coach in a timely manner. The student-athlete must be present with the parent during the parent-coach meeting.
3. Parents who wish to meet with the coach shall contact the coach and set a time to meet. Meeting times to be avoided: Either immediately prior to or immediately after a contest. During an active practice session. During a time when other students are present or when the discussion is readily visible or audible by others. When it's apparent that there is not sufficient time to allow for a complete discussion.
4. If further discussion is necessary, the Athletic Director/Administrator is the next contact.

I Agree

I will support and encourage student-athletes to follow the rules and behavioral guidelines as published in the Regis Student-Parent Handbook.

I Agree

By signing up for participation in athletics at Regis High you agree to allow coaches, assigned Athletic Trainers and administrators to report injuries and provide appropriate medical intervention and recommendations

I Agree

### **CONCUSSION AGREEMENTS**

CONCUSSION-RETURN TO PARTICIPATION MEDICAL RELEASE: I have read and understand the Concussion-Return to Participation Medical Release form and information. I understand that until an athlete, who has suffered a concussion, is no longer experiencing signs, symptoms, or behaviors consistent with a concussion, and a medical release form signed by an appropriate Health Care Professional (Physician (MD), Physician's Assistant (PA), Doctor of Osteopathic (DO) licensed by the Oregon State Board of Medicine, nurse practitioner licensed by the Oregon State Board of Nursing, or Psychologist licensed by the Oregon Board of Psychologist Examiners) is obtained, the athlete shall not be permitted to return to athletic activity.

I Agree

OSAA CONCUSSION-PRIVATE SCHOOL INFORMED CONSENT FORM: I have read and understand the OSAA Concussion-Private School Informed Consent form below regarding information about the symptoms and warning signs of concussions in high school sports in compliance with Jenna's Law, ORS 417.875.

I Agree

**CONCUSSION RETURN TO ACTIVITY PROTOCOL:** I understand that an in-season athlete is required to complete a progressive return-to-activity program supervised by the Regis Athletics, in addition to a signed medical release. Out-of-season athletes who are diagnosed with a concussion are also required to complete this return-to-activity program with Regis Athletics or an appropriate Health Care professional. (See above list of Health Care professionals.)

I Agree

### **TRANSPORTATION AUTHORIZATION AGREEMENT**

I understand that if my student athlete chooses not to use assigned athletic transportation or in the event that they need to provide their own transportation to practices or an athletic competition, I am responsible for communicating, arranging and approving alternative transportation with other student or parent drivers.

I Agree

### **ACKNOWLEDGEMENT AND ACCEPTANCE**

By checking each of the above items I acknowledge that I have read and understand all concussion forms and agreements, the Regis Athletic Transportation agreement, and I will abide by the Regis High School Parent Code of Conduct. I understand that any violation of these agreements will be cause for dismissal, suspension or permanent expulsion from future athletic contests.

Student-Athlete Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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