



**Regis St. Mary**  
CATHOLIC SCHOOL

**Regis Campus**  
550 W. Regis Street  
Stayton, OR 97383  
503-769-2159  
503-769-1706 fax

**St. Mary Campus**  
1066 N. 6th Avenue  
Stayton, OR 97383  
503-769-2718  
503-769-0560 fax

[www.regisstmary.org](http://www.regisstmary.org)

## Regis High School Athletics Participation Form 2025-2026

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

Parent Name(s): \_\_\_\_\_

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"/> Golf <input type="checkbox"/> Softball <input type="checkbox"/> Track and Field

### \*Checklist:

All items must be complete before participation

☐ Academic Checklist

### Attendance Requirements for Eligibility

Regis students must meet daily attendance eligibility requirements to participate in an event (practice, game, concert, etc) by attending at least five full periods during the day of the event. Students may miss more than two class periods and remain eligible to participate only when the absence is excused with a doctor's note (NP, PA, DC, counselor, etc are also acceptable).

### Academic Requirements for Eligibility

Students must have a C- or better in every class to be eligible to compete and/or participate in extracurricular activities and athletics. Eligibility checks will follow the following criteria and schedule:

**Weeks 1-3:** During the first three weeks of a new semester, a grace period is instituted to allow students sufficient time to complete assignments and have them posted in the new gradebook.

**Week 4:** Starting at the beginning of the fourth week of the semester, all students will be in a 2-week warning period. Additionally, any student with a grade of C- or lower will be notified.

**Weeks 6-18:** Starting at week six and every two weeks thereafter, students must meet the eligibility criteria of earning grades of C- or better in every class. If not met, the student will be considered ineligible until their grade(s) improve to a C- or better.

- At a minimum, once a student is found ineligible, **they will remain ineligible for 24 hours**, thus allowing teacher(s) adequate time to update student grades with missing, incomplete, or make-up assignments/assessments.
- There will be only one two-week warning during a semester.
- Students who have received an academic warning or are academically ineligible must attend the after-school study program from 3:00 pm to 3:25 pm daily, managed by the Athletic Director, until their grades improve to a C- or better. Students will not be penalized by their coach or advisor for attending the required after-school study program.
  - Students who do not attend the after-school study program will be required to attend a 30-minute lunch study program the following school day.



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- It is at the coach's discretion whether or not an ineligible student will be permitted to practice with the team.

### **OSAA Requirements for Eligibility**

Students who participate in extracurricular activities at Regis are also governed by Oregon School Activities Association (OSAA) standards for eligibility as stated in rule 8 of the OSAA handbook. These requirements stipulate that a student must:

- Be enrolled as a full-time student
- Pass at least five of the seven classes each semester
- Earn 2.5 credits each semester
- Be on track to graduate (27 - 2026 to 2028 or 28 credits - 2029 and beyond)
  - 7 credits obtained before the start of the student's sophomore year
  - 14 credits obtained before the start of the student's junior year
  - 21 credits obtained before the start of the student's senior year

Failure to meet the OSAA standard results in the student's exclusion from participation in athletics for an entire semester.

### **Athletic Participation Packet**

Student-athletes must submit the Athletic Participation Packet at the beginning of each school year. The packet includes:

- ☐ Athletic Participation Form
- ☐ Athletics Consent Form - Inherent Dangers and Consent to Play
- ☐ Athletic/Activity Emergency Information /Authorization to Treat
- ☐ Sports Physical: Must be renewed every two years
- ☐ Medical Release - Return to Participation Following a Concussion.
- ☐ Concussion - Private School Informed Consent
- ☐ Parent Code of Conduct and Agreements
- ☐ Concussion Agreements
- ☐ Transportation Agreement
- ☐ Acknowledgement and Acceptance
- ☐ Handbook Acknowledgement - *Student/Parent Handbook 2025-2026 (Requirement met by signing and returning the **Student/Parent Handbook Acknowledgment** located on the last page of the **Parent/Student Handbook**).*

# 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: ____ High blood pressure      ____ A heart murmur ____ High cholesterol      ____ A heart infection ____ 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		
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		
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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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: ☐ symptom-free at rest ☐ NOT symptom-free at rest  
☐ symptom-free at exertion ☐ NOT symptom-free at exertion  
☐ scoring within a normal range on ImPACT ☐ 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.

1. **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.
2. **Light Aerobic Exercise:** Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
3. **Sport Specific Exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. **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.**

5. **Full-Contact Practice:** Participate in normal full-contact training activities.
6. **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/) <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>.



## 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)





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## PARENT CODE OF CONDUCT & AGREEMENTS 2025-2026

### 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 significant part in our students' development. Our goal is to provide students-athletes with opportunities to participate in a variety of sports. While we take great pride in our athletic accomplishments, we also prioritize the academic and spiritual growth of our student-athletes.

Our goal for the Regis High School student-athlete is to inspire others to recognize that success stems from knowing 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, spiritually, and character.

### PARENT CODE OF CONDUCT AGREEMENT

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

**I Agree** Please check each box below 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 event.
- ☐ I will not engage in any unsportsmanlike conduct with officials, coaches, players, parents, or the opposing team. I will not argue with or berate a coach, game official, student-athlete, or fan from Regis High School or the opposing school.
- ☐ I will not coach my student-athlete or any players during practices, games, or other Regis High School events.
- ☐ I will prioritize the emotional and physical well-being of my child over any personal desire to win.
- ☐ I will not use profane or offensive language or gestures at any Regis High School athletic practice, game, or sporting event.
- ☐ I will remain in the spectator's area. I will not enter the playing area or locker room during any practice or competition, before or after contests, except with the explicit permission of a Regis High School coach, Athletic Director, Athletic Trainer, or on-site Administrator.
- ☐ I will support and encourage student-athletes to follow the rules and behavioral guidelines as published in the *Regis High School Student/Parent Handbook*.



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

**I Agree**

☐

1. My student-athlete will first discuss the concern with the coach.
2. If the coach/student athlete meeting does not clear the situation, I (parent/guardian) will respectfully bring my concern to the coach promptly.
3. Parents who wish to meet with the coach should contact the coach to arrange a time. Meeting times to avoid: immediately before or after a contest, during a practice, when other student-athletes are present, when the conversation is audible to others, or when there is insufficient time to complete the discussion.
4. If further discussion is necessary, the Athletic Director is the next contact.

☐

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

### CONCUSSION AGREEMENTS

**CONCUSSION-RETURN TO PARTICIPATION:** I have read and understand the *Medical Release - Return to Participation Following a Concussion*. I understand that an athlete, who has suffered a concussion, is no longer experiencing signs, symptoms, or behaviors consistent with a concussion, and a medical release from 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**

**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, OR 417.875.

☐

**I agree**

### CONCUSSION RETURN TO ACTIVITY PROTOCOL:

I understand that an in-season student-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 student-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 (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).

☐

**I agree**

### TRANSPORTATION AUTHORIZATION AGREEMENT

I understand that Regis High School provides transportation to and from competitions and other off-school activities, and that my student-athlete is required to ride the school-provided transportation. Should I wish to transport my student-athlete home from a competition or other off-campus activity, I will notify the coach and sign a release before leaving the event.

☐

**I agree**



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503-769-2718  
503-769-0560 fax

[www.regisstmary.org](http://www.regisstmary.org)

### ACKNOWLEDGEMENT AND ACCEPTANCE

By checking each of the above items, I acknowledge that I have read and understand all concussion forms and agreements, the Transportation Authorization Agreement, and I will abide by the Parent Code of Conduct, and the Policies as stated in the *Regis High School Student/Parent Handbook*. I understand that any violation of these agreements will be cause for dismissal, suspension, or permanent expulsion from future athletics contests and/or programs.

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

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_