

Klamath Falls City Schools District

PHY _____
Office use only

Klamath Union Athletic Eligibility & Participation Form

Please complete this form with physical and return to the athletic office.
Athletic Office 541-883-4710 ext. 3070

2017-2018 Please check ALL Sport(s) participating in this school year.

Student Information

Student Name _____ Female Male DOB _____

Name of (parent/guardian) _____ Phone # _____

Student Address _____
(street) (city) (zip)

Fall

Season begins
August 14, 2017

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Boys Soccer | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Girls Soccer | <input type="checkbox"/> Cheer |

Winter

Season begins
November 13, 2017

- | | |
|---|---|
| <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Swim- Club Sport |
| <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Cheer |
| <input type="checkbox"/> Wrestling | |

Spring

Season begins
February 26, 2018

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Boys Tennis |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Girls Tennis |
| <input type="checkbox"/> Track | <input type="checkbox"/> Golf- Club Sport |

Sport Physicals—

- All incoming freshman are required to have a new sports physical.
- All sport physicals must be on an OSAA approved form available at the Athletic Office.
- All sport physicals are valid for two years.

Sport-Manager _____

Grade 9th 10th 11th 12th

Are you currently enrolled at Klamath Union? Yes No

What school did you attend last year? _____

Are you Homeschooled? Yes Name of Program _____

Are you enrolled at a Charter, Private Alternative School? Yes Name of School _____

Medical Insurance Information (must be filled out)

Private Insurance Student/School Insurance Migrant Insurance

Insurance Carrier _____

Insured ID or Group # _____

Medical Information

Physician's Name _____ Phone# _____

Please list any allergies/medications/medical conditions:

Emergency Contact/Names (other than Parent/Guardian)

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

PLEASE SIGN NEXT TWO PAGES

Permission:

My son or daughter has my permission to compete in sports approved by the board of education of the local school district and to go with the coach on any regularly scheduled trips. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that my child is responsible for all players equipment issued to him/her by the school.

Insurance:

My son or daughter is fully covered by insurance carried by his/her parents or guardian and school will not be liable for any injury that occurs during athletic practices, contest or travel to and from an athletic contest. If coverage ceases or changes, it is the parents/guardians responsibility to contact the school. If my son or daughter is not covered by private insurance than I know I need to purchase the athletic insurance policy offered through the school.

Medical:

Recognizing that as a result of such participation, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care, I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances.

Transportation:

As the parent or guardian of the above named student, under/over the age of 18, I understand and agree that transportation to and from sport practices, whether at the school the student attends or at another facility, and to and from games, whether at the school the student attends or at another facility, will not be provided in private vehicles by Klamath Falls City Schools. If transportation is provided by a private individual, that individual is not acting at the request of the district and is not an agent or employee of the district.

Participation Fees:

Participation Fee-**KU student athletes:**

\$10-ASB Activity-yearly fee (*exception: Club Sports, see below)

Participation Fee-**Homeschooled or Private school student athletes:**

\$50-Per Student/Per Sport

*Participation Fee-**Club Sports (Swim, Golf) all athletes KU & other:**

\$150-Per Student/Per Sport

- Payment:**
1. Must have fee fully paid before starting next sport.
 2. Payments are accepted.

- Refunds:**
1. Pro-Rated refunds are available for injured athletes.
 2. Athletes who quit after the first athletic contest will not receive refunds.

Playing Time: Payment of fees does not guarantee equal playing time. Coaches determine playing time based on their judgment and criteria.

Options: Arrangements can be made for parents to work during athletic contests to help pay the participation fee, but are limited. Please contact the athletic office for details.
541-883-4710 ext. 3070

I have read, understood and agree to the above guidelines.

Parent/Guardian Signature _____ **Date** _____

Klamath Falls City Schools District Athletic Code of Conduct

1. Any behavior that reflects negatively on the individual student, the team or the school is prohibited. Individuals involved in negative behavior will be subject to disciplinary actions. Negative behavior could occur during a game or practice, at school or away from school. Negative behavior will include (but is not limited to) such behavior as cheating, truancies, excessive tardies, fighting, etc. In addition, if a student-athlete is suspended from school for any reason, he/she will miss the next athletic contest. School suspensions are a result of some form of negative behavior. Any student who is in in-school suspension for one day or more will be allowed to practice, but will miss the next athletic contest.

2. Athletic Code Violations/Penalties: Range of Penalty

**1. Alcohol Possession
(Immediate Suspension)**

First Violation: Minimum of a 2-week suspension and the missing of at least one athletic contest. There will be no practice for 3 days.

Second Violation: Removal from the team and all athletics for the rest of the school year.

* A student, who is suspended or is removed from sports for the year, may appeal the decision to the Principal.

**2. Tobacco Possession +/- or use
(Immediate Suspension)**

First Violation: Minimum of a 2-week suspension and the missing of at least one athletic contest. There will be no practice for 3 days.

Second Violation: Removal from the team and all athletics for the rest of the school year.

* A student, who is suspended or is removed from sports for the year, may appeal the decision to the Principal.

**3. Drugs
(Immediate Suspension)**

First Violation: Minimum of a 2-week suspension and the missing of at least one athletic contest. There will be no practice for 3 days.

Second Violation: Removal from the team and all athletics for the rest of the school year.

* A student, who is suspended or is removed from sports for the year, may appeal the decision to the Principal.

Two major violations within a school year will result in removal from all sports for the rest of the year. All decisions may be appealed to the Principal. Additional or supplementary contracts with athletes' prior or during season can be arranged with coaches, players, and their parents.

3. Student-athletes shall not be present at any site where illegal activities, such as consumption of illegal drugs or alcohol by minors, is occurring. Student-athletes shall leave immediately when they become aware of illegal activities. If it is substantiated that leaving does not occur immediately, the following shall happen:

Not leaving & without Consumption

First Offense during school year:

Suspension from the next scheduled athletic contest. There will be no suspension of practice.

Second Offense during school year:

2-week suspension. There will be no practice for 3 days.

Third Offense during the school year:

Removal from all sports for the rest of the school year.

* A student who is suspended or is removed from sports for the year, may appeal the decision to the Principal.

SIGNATURE of Student: _____

SIGNATURE of Parent: _____

**Klamath Falls City Schools District
Parent of Athletes—Important Information**

Sport Schedules—Are available on the Klamath Falls City Schools website:

KFCS Homepage/Klamath Union/Athletics or skylineoregonconference.org

Klamath Union Eligibility—

Students will be notified in the fall.

O.S.A.A Eligibility—

- 1) Must have passed (5) classes the previous semester.
- 2) Must be on track to graduate.
- 3) Must be currently enrolled in five credited classes.
- 4) O.S.A.A. guidelines count for an entire semester.

PARENT SPORTSMANSHIP CODE

As a parent of a student activity participant at Klamath Union High School:

- I will remember that high school activities are an extension of the classroom and that learning is taking place.
- I will not direct negative comments or profanity toward officials, participants or advisors.
- I will respect the abilities and efforts of our opponents, officials and advisors, regardless of the outcome of the contest.
- I will appreciate and applaud all good participation and participants whether they compete for my team or against it.
- I acknowledge that I am not the advisor of the program or an official and will leave those duties to the persons hired for those responsibilities.
- I will support the program with positive actions and encouragement.
- I will accept both victory and defeat with pride and compassion.
- I will remember that my actions reflect not only on my student participant and me but also on the school and the community.
- I will be a fan...not a fanatic!

In the event that my student-participant or I have a genuine concern regarding participation in an activity, I will schedule an appointment and follow in order the parent communication protocol below:

(Never before or after a game, never about playing time, team strategy, or another player's role)

1. Player to Coach
2. Player and Parent to Coach
3. Player and Parent to Coach and Head Coach
4. Player and Parent to Coach, Head Coach and Athletic Director
5. Player and Parent to Coach, Head Coach, Athletic Director and Principal

I have read the above information and understand and agree to abide by these expectations for myself and my student-participant.