



**Reynolds School District
Administration Offices**
1204 NE 201st Avenue
Fairview, OR 97024
(503) 661-7200 • fax (503) 667-6932

Reynolds School District Athletics and Activities Clearance Form

School of Attendance _____

Student Name _____ ID Num. _____ Date _____
First Last

Residential address where student and parent(s) or host family currently live (do not use P.O. Box):

_____ Address City State Zip

Age: _____ Grade this year (select one): 6 7 8

(Complete this form for each child)

Clearance Information:

Please check all sports of interest.

Fall Season

- Volleyball
- Cross Country

Winter Season

- Basketball

Spring Season

- Track and Field

Physical Examination

The OSAA and the Reynolds School District require students to have a current physical examination on-file in order to participation in athletics and/or activities. Physical exams must be submitted on the approved OSAA form and they are valid for two years.

Participation Rules and Discipline

All students and their parent(s) are responsible for the contents of the Reynolds School District *Athletics and Activities Participation Rules and Discipline Procedures* (distributed with the clearance packet). My signature below indicates that I understand, and agree to follow, the rules and discipline procedures that govern participation in Reynolds School District athletics and activities.

Student Signature _____ **Date** _____

I agree to all of the conditions stated above, I accept the terms outlined in the *Athletics and Activities Participation Rules and Discipline Procedures*, and I give the above named student permission to participate in Reynolds School District athletics and activities during the current school year.

Parent Signature _____ **Date** _____

Emergency Information - Please Print

Student Name _____ Birth Date _____ Cell Phone _____
First Last

_____ Address City State Zip

Parent/Guardian 1 _____ First Last Primary Phone Alternate Phone

Parent/Guardian 2 _____
First Last Primary Phone Alternate Phone

Other _____
First Last Primary Phone Alternate Phone

Known Allergies (food, drug, insect) _____

Special Health Concerns (asthma, medication, etc.) _____

If a student is unable to participate for an extended period of time due to injury or illness, a doctor's release may be required before they will be allowed to resume regular activity. I understand that school officials will use their best judgment in determining emergency care and procedures. I also understand that the school district assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or transportation.

Insurance Information

The Reynolds School District requires that all students be covered by medical insurance before they will be allowed to participate in athletics and/or activities. The district does not provide medical insurance for student injuries, but does offer affordable student accident/health insurance for voluntary purchase through the Myers-Stevens and Toohey Company (forms are available upon request).

Family Insurance Company _____ **Policy Number** _____

I agree to maintain adequate insurance coverage and absolve the Reynolds School District of any liability associated with injuries sustained while participating in athletics and/or activities. Furthermore, I agree to provide the athletics office with current emergency and medical information, and hereby give my consent for the above named student to participate fully in all district sponsored programs.

Parent/Guardian Initials: _____

Transportation Release

The Reynolds School District uses photography to publicize and promote athletics and/or activities events. Examples include, but are not limited to social media, school/district websites, press-releases, print media, etc. If I do not want the Reynolds School District to use the above-named student's photo for these purposes, I agree to notify the H.B Lee Middle School Main office.

Transportation Release

I have reviewed the transportation guidelines (available in the Athletics and Activities Participation packet) and I agree to release the Reynolds School District and its employees from all liability associated with the transportation of my child to and from school sponsored events in private vehicles. Furthermore, I accept responsibility for making my child aware of the following restrictions, and enforcing these guidelines. I certify that the above named student has my permission to (check all of the following that apply):

Ride with others – **only valid when a bus is not provided** (list names) _____

Ride with parent or guardian.

I agree to all of the conditions stated above, and I give the above named student permission to participate in Reynolds School District athletics and activities during the current school year.

Parent Signature _____ **Date** _____

