



OROFINO JH/HS

PARENT CONSENT PACKET

300 Dunlap Road
Phone (208) 476-5557

Orofino, Idaho 83544
Fax (208) 476-0147

ATHLETE ROSTER FORM

ATHLETE'S NAME: _____

SPORTS _____

GRADE _____

BIRTH DATE _____ AGE _____

PARENTS' NAME: _____

HOME PHONE _____

CELL PHONE _____
(if you have one)

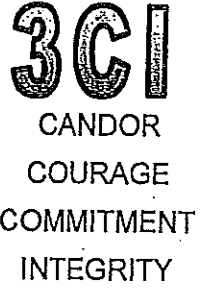
WORK PHONE _____

EMAIL ADDRESS _____
(if you have one)

**COMPLETE & RETURN THESE
DOCUMENTS TO SCHOOL OFFICE**



Extracurricular and Co-Curricular Participation Policy & Consents



I have read and completed the Extracurricular and Co-curricular participation policy #3380 and understand that violations of its provisions will result in the penalties described therein. I agree to abide by the school district policy (www.sd171.k12.id.us/documents/Policies/Series3000) and the Idaho High School Activities Association (IDHSAA) rules and regulations which can be found online at www.idhsaa.org.

Student Signature

Parent/Guardian Signature

Date

GRADES 9-12 ONLY - I have read and understand the Drug Testing for Student Athletes policy #3400 and completed the Athlete Drug-Testing Consent Form (3400F).

Student Signature

Parent/Guardian Signature

Date

I have read, understand and completed the Insurance Waiver Statement. As the parent/guardian I will assume all responsibility for all expenses incurred in an emergency with personal insurance or through school coverage (additional charge).

Student Signature

Parent/Guardian Signature

Date

All freshman, juniors and first time participants must have an IDHSAA Idaho Health Examination and Consent forms (Physical) completed before turning out for a sport.

All sophomores and seniors must fill out the IDHSAA Interim Questionnaire form, unless you are a first time participant (Physical

Student Signature

Parent/Guardian Signature

Date

I have read, understand and completed the Acknowledgement of Risk Warning, Agreement to Obey Instruction, Release, Assumption of Risk, and Agreement to Hold Harmless form. This also serves a release for any and all heirs, members of family, etc.

Student Signature

Parent/Guardian Signature

Date

I have read and understand the Concussion Information form and can find further details at www.idhsaa.org/concussions

Student Signature

Parent/Guardian Signature

Date

I understand that I will not be allowed to participate if I have not paid the "Pay to Play" fee at the main office.

Student Signature

Parent/Guardian Signature

Date

COMPLETE & RETURN THIS DOCUMENT TO OFFICE



Athlete and Drug-Testing Consent Form 3400F

For complete District Policies go to www.sd171.k12.id.us/policies.htm

3CI

CANDOR
COURAGE
COMMITMENT
INTEGRITY

I have received and have read and understand a copy of the "Drug Testing for Student Athletes" policy.

I desire that _____ participate in this program and in the athletic program of Joint School District No. 171 and hereby voluntarily agree to be subject to its terms for the entire high school career (grades 9-12).

I accept the method of obtaining urine specimens, testing, and analyses of such specimens and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

GRADES 9-12 ONLY - I have read and understand the Drug Testing for Student Athletes policy #3400 and completed the Athlete Drug-Testing

Student Signature

Parent/Guardian Signature

Date

COMPLETE & RETURN THIS DOCUMENT TO OFFICE



Insurance Waiver Statement

For complete District Policies go to www.sd171.k12.id.us/policies.htm

3CI

CANDOR

COURAGE

COMMITMENT

INTEGRITY

You have the option to purchase student accident insurance. Information is available at registration and in the high school office. Please examine the provisions of the policy carefully before making your decision to purchase the student insurance. Northwestern Scholastic Insurers provide a limited policy, and benefits payable are specified on the application.

The school will require that all students participating in any portion of the student activity program, and who will be engaged in activities outside of the student school hours or away from the school premises, must demonstrate evidence of adequate accident insurance coverage. This may be done by purchasing student insurance through the School District's Student Insurance carrier, or by returning the attached form bearing signatures of parents or guardian. Your signature will attest that adequate coverage exists through your private insurance carrier and that you assume personal liability for all expenses incurred in case of an emergency. All students who will participate in activities outside regular school hours must complete this requirement before practice or participating may begin.

PARENT OR GUARDIAN'S STATEMENT

Please check appropriate statement below:

- 1. We have medical insurance and/or accident insurance coverage with _____ that covers athletic injuries (which included football if above athlete participates in football) and do not desire school provided insurance.
- 2. We will be purchasing school insurance from Northwestern Scholastic Insurer.

PLAN SUMMARY	MAXIMUM PAYABLE EACH ACCIDENT	PER STUDENT
SCHOOL TIME	\$25,000	\$9.00
FULL TIME COVERAGE	\$25,000	\$29.00
SCHOOL TIME WITH SPORTS Grades 7-12 (except football 9-12)	\$25,000	\$35.00
FOOTBALL (Grades 9-12)	\$25,000	\$57.00
EXTENDED DENTAL	\$5,000	\$5.00
MAJOR EXPENSE BENEFIT	After maximum benefit under Full Time Coverage, All Sport and Football (if purchased) will pay 70% up to \$15,000 after \$700 deductible. Premium \$400	

Student Signature _____

Parent/Guardian Signature _____ Date _____

COMPLETE & RETURN THIS DOCUMENT TO OFFICE



INTERIM QUESTIONNAIRE

PLEASE PRINT!

			Male / Female (Circle One)		
Last Name	First	Middle		City	Date

Since his/her last athletic physical examination, has this student: :

	YES	NO
(1) Had a Surgery	_____	_____
(2) Benn Hostoalized	_____	_____
(3) Been under a physician's care	_____	_____
(4) Had a serious illness	_____	_____
(5) Had an injury requiring a physicians care?	_____	_____
(6) Been rendered unconscious	_____	_____
(7) Started taking any new medications	_____	_____
(8) Developed any new drug allergies	_____	_____
(9) Developed any health problems	_____	_____

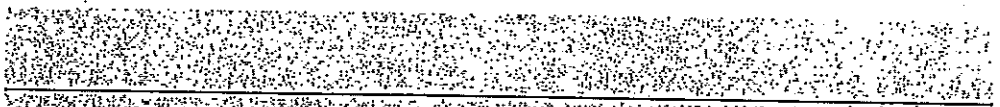
(Please explain all YES answers)

My child ___ should or ___ should not have a physical examination prior to participation in high school athletics.

School health insurance needed: ___Yes ___No

If yes, a premium charge will be required prior to participation in any IHSAA athletic activity. More information may be obtained from the local school district.

If no, is your child covered by a family health insurance policy? ___Yes ___No___



Signature of Parent or Guardian

Address

City

Zip Code

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

SIGNATURE OF PARENT/GUARDIAN

DATE

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

SIGNATURE OF PARENT/GUARDIAN

DATE

COMPLETE & RETURN THIS DOCUMENT TO OFFICE



ACKNOWLEDGMENT OF RISK

WARNING, AGREEMENT TO OBEY INSTRUCTION, RELEASE, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS

3C1
CANDOR
COURAGE
COMMITMENT
INTEGRITY

I am aware that interscholastic athletics are violent contact sports and that playing or practicing will be dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in interscholastic 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 playing or participating in interscholastic athletics may result not only in serious injury but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of interscholastic activities, I recognize the importance of following coaches' instructions regarding playing techniques, training, and their team rules and to agree to obey such instructions.

We authorize and permit me/my child/my ward to tryout for the Orofino High School athletic teams and to engage in all activities related to the team, including but not limited to trying out, practicing, or playing interscholastic sports and agree to hold School District 171, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may rise by form or in connection with me/my child/my ward participating in any athletics or activities related to Orofino Jr and/or Sr High School. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family. The signatures appears on Page 1 and on this page. This must be signed by both athlete and parent or guardian.

Student Signature

Parent/Guardian Signature

Date

COMPLETE & RETURN THIS DOCUMENT TO OFFICE



CONCUSSION INFORMATION

More information can be obtained at
www.idhsaa.org/concussions

3CI
CANDOR
COURAGE
COMMITMENT
INTEGRITY

Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness but the vast majority occur without loss of consciousness.

In accordance with Section 33-1620, Idaho Code the Idaho High School Activities Association has provided information on it's website for coaches, parents, and athletes, concerning the Identification and Management Strategies regarding concussions. The IHSAA encourages all coaches, parents, and athletes to educate themselves about the recognition and treatment of concussions. Please take the time to visit our website at www.idhsaa.org. If you have any questions or need of further information, please contact your school or IHSAA Office at admin@idhsaa.org.

It is the wish of the IHSAA that you have a safe and enjoyable sport or activity season.

~Idaho High School Activities Association

Student Signature

Parent/Guardian Signature

Date

COMPLETE & RETURN THIS DOCUMENT TO OFFICE