

# TIGARD-TUALATIN SCHOOL DISTRICT ATHLETIC CLEARANCE FORM

Sport \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Student Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home E-mail \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home# \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone# \_\_\_\_\_ Hospital Choice \_\_\_\_\_

**YOU MUST HAVE INSURANCE COVERAGE: If there is any change, you must notify the school immediately.**

Primary Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Student Lives with: \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
Emergency Contact person \_\_\_\_\_ Phone \_\_\_\_\_  
School Attended Last Semester \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Foreign Exchange Student \_\_\_\_\_ Country \_\_\_\_\_ Program \_\_\_\_\_

## MEDICAL INFORMATION AND STATEMENT

Has student had injuries or medical problems requiring medical attention within the last year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Please list current medications which the student is taking \_\_\_\_\_

***We have read and understand the eligibility provisions and rules of the Athletic/Activities Policy Statement. The Policy Statement Booklet is provided when this clearance form is made available.***

***We acknowledge and recognize that hazards are present in athletic participation and that injury may result. My signature authorizes the school to obtain any emergency transportation or care that may become necessary in the course of athletic activities or travel.***

**I HAVE READ, UNDERSTAND, AND AGREE TO SUPPORT THE ATHLETIC POLICIES.**

**Please read both sides of this form!**

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICIAL ATHLETIC DEPARTMENT USE ONLY

Classes taken/Passed Last Quarter/Semester \_\_\_\_\_ Physical Exam on File \_\_\_\_\_

Fees Paid \_\_\_\_\_ Waived \_\_\_\_\_ Athletic Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

## HIGH SCHOOL ATHLETIC POLICY STATEMENT / ELIGIBILITY REQUIREMENTS

- A physical is required every two years and must be on file in the Athletic Office.
- Payment for Participation Fee is required for each sport.
- Students must be enrolled in and passing 5 classes at all times. \*With the block schedule, the equivalent of 5 semester classes is required.
- Students must have a 2.0 GPA and no "F's" the preceding and current quarter to remain eligible to compete in athletics. Preceding is defined as the last quarter of the 8<sup>th</sup> grade year for incoming 9<sup>th</sup> grade students.
- Students who pass the OSAA regulations, but fall short of the TTSD academic requirements will receive an academic review and notification regarding the deficiency and be placed on academic probation for 4-1/2 weeks. \*Please reference the TTSD academic requirement in the Athletic/Activities Policy Statement Booklet for details.

## PHYSICAL EXAMINATION INFORMATION

*\*As per 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."*

Additional physical exams shall be mandated when:

- The student is new to the district.
- The student has undergone major surgery.

Annual physical exams may be required when the student has been given a diagnosis of a significant disease, process, or illness.

**PHYSICAL EXAMINATION FORMS ARE AVAILABLE IN THE ATHLETIC OFFICE,  
WEBSITES OF TIGARD HIGH SCHOOL AND OSAA.ORG**