

# Tualatin High School

## 2011-12

### SUMMER REGISTRATION INFORMATION

#### Registration Schedule:

Fall Sports Sign-Ups	Wednesday, August 17	8:00 - 10:00 a.m. Fr/Sr 11:00 - 1:00 p.m. So/Jr
Freshman	Thursday, August 25	12:30 - 2:00 p.m. (A-L) 2:00 - 3:30 p.m. (M-Z)
Sophomore	Tuesday, August 23	1:00 - 3:00 p.m.
Junior	Thursday, August 25	9:00 - 11:00 a.m.
Senior	Tuesday, August 23	9:00 - 11:00 a.m.

**You may come any time during your class registration.**

**Athletic registration fees MAY NOT be paid at this time - only at Fall Sports Sign-Ups.**

#### What do I do at registration:

- Pick up tentative schedule for the 2011-12 school year
- Pay student Fees (please see fee worksheet included in summer packet)
- Purchase parking permit (juniors/seniors ONLY with current driver's license)
- Have ID/School Pictures taken (price information mailed to you directly from Dorian Studios)
- Complete health information forms in the Student Affairs Office.

#### Forms to bring to registration:

- Student Emergency Information form.  
(this form needs to be dropped off in the Student Affairs Office).
- Timberwolf Support Organization Volunteer Sign Up Sheet.
- Picture envelope with check (payable to Dorian Studio).  
Make-up picture days will be September 9, 2011; retake day October 14, 2011.
- Locker request form.
- \* Car Registration
- \* Lunch Release Permit
- \* Directory Information
- \* Wolf Brick Form

#### Student Fee Schedule

(subject to change pending School Board action in July)

ASB Sticker	\$50.00
PE Lock Deposit	\$5.00 (deposit)
Parking (juniors/seniors ONLY with current driver's license)	\$50.00
Athletic Participation Fee (per sport)	\$225.00 (per sport)
Yearbook	\$50.00 (\$60 after 3/1/12)
Art/Tech/Culinary Arts (per class/per semester)	\$12.00
Performing Arts Class Fee (per class/per semester)	\$10.00
Spanish/French/Chinese I, II, III Manuals	\$12.00
Instrument Rental Fee	\$125.00
PSAT Test	\$25.00

**Tualatin High School**  
**2011-12 High School Student Fees**  
*Fees can be paid at Registration - August 23 and 25*

Type of Fee	2010-11 Fees	Comments:
<b>ID Cards</b>	Free	Lost ID cards must be replaced at \$5 ea.
<b>ASB Sticker</b> <i>Students MUST have an ID card</i>	\$50	An ASB sticker on the ID card entitles a student to free admission to regularly scheduled home athletic events and reduced admission rates to dances and other student events throughout the year.
<b>Parking</b>	\$50	<b>Mandatory</b> - for Juniors and Seniors ONLY driving to school. All cars must be registered and parked in the student parking lot. The fee is used to maintain and improve the parking lot.
<b>Athletic Fee</b> (No ath. fees may be paid at registration)	\$225	Pay to play fee, per sport, up to \$700 family cap. <b>Separate check required.</b>
<b>Yearbook Fee</b>	\$50	<b>Optional</b> - for students who wish to purchase a yearbook, paid before March 1, 2008. After March 1, 2012, yearbook fee will be \$60.00.
<b>PE Lock Deposit</b>	\$5	<b>Mandatory</b> - This fee is refundable at the end of the school year.
<b>Lifetime Fitness</b>	\$10	<b>Mandatory Fee</b> charged for rock climbing expenses.
<b>Spanish/French Chinese Manuals</b> I,II,III	\$12	Each student enrolled in all levels of a Spanish/French/Chinese class will need a manual.
<b>Performing Arts</b>	\$10	Regular class fees for choir, theatre arts, etc.
<b>Art, Nutrition, &amp; Tech Fee</b>	\$12 per class, per semester	To cover costs of materials in Art classes, Culinary Arts, and each tech. course
<b>PSAT</b>	\$25	PSAT test is October 16, 2011
<b>Instrument Rental Fee</b>	\$125	Optional for band students renting instruments from TuHS.

## ~Fee worksheet~

ASB Sticker            \$50 x \_\_\_\_\_ = \_\_\_\_\_

Parking                \$50 x \_\_\_\_\_ = \_\_\_\_\_  
(Juniors and Seniors ONLY)  
MUST have current drivers license

Fall Athletic Fee     \$225x \_\_\_\_\_ = \_\_\_\_\_  
(\$700 cap per family) Sport: \_\_\_\_\_

Yearbook              \$50 x \_\_\_\_\_ = \_\_\_\_\_  
(optional)

Spanish, French     \$12 x \_\_\_\_\_ = \_\_\_\_\_  
or Chinese Manual I,II,III

PE Lock Deposit     \$5 x \_\_\_\_\_ = \_\_\_\_\_

Lifetime Fitness     \$10 x \_\_\_\_\_ = \_\_\_\_\_

Performing Arts Fee \$10 x \_\_\_\_\_ = \_\_\_\_\_  
(per semester)        class: \_\_\_\_\_  
(per class)

Arts/Tech Fee        \$12 x \_\_\_\_\_ = \_\_\_\_\_  
Culinary Arts        class: \_\_\_\_\_  
(per semester/per class)

Instrument            \$125x \_\_\_\_\_ = \_\_\_\_\_  
Rental Fee            per instrument

PSAT                    \$25x \_\_\_\_\_ = \_\_\_\_\_

**Total:** \_\_\_\_\_

**Please make checks payable to Tualatin High School**  
and add student name in the bottom left hand  
section of your check "For ..."



## TUALATIN HS 2011 BUS SCHEDULE FOR REGISTRATION

<b>Tuesday, August 23:</b>	<u>Senior</u>	First Stop:	8:20 AM
		Arrive HS:	9:00 AM
		Depart HS:	11:00 AM
<b>Tuesday, August 23:</b>	<u>Sophomore</u>	First Stop:	12:20 PM
		Arrive HS:	1:00 PM
		Depart HS:	3:00 PM
<b>Thursday, August 25:</b>	<u>Junior</u>	First Stop:	8:20 AM
		Arrive HS:	9:00 AM
		Depart HS:	11:00 AM
<b>Thursday, August 25</b>	<u>Freshman A-L</u>	First Stop:	11:50 AM
		Arrive HS:	12:30 PM
		Depart HS:	2:00 PM
<b>Thursday, August 25</b>	<u>Freshman M-Z</u>	First Stop:	1:20 AM
		Arrive HS:	2:00 PM
		Depart HS:	3:30 PM

Since specific stops are not designated on these schedules, it is important that students wait in visible areas near major intersections on these routes.

<b>Route #1</b>	<b>Boones Ferry</b>	<b>Route #3</b>	<b>Fox Hills/Norwood</b>
TL	Hall Blvd.	TL	Hall Blvd.
TL	Bonita Road	TL	Bonita
	72nd Ave. (turns into Upper Boones Ferry)		
TR	Rivendell Loop	TR	Sequoia Parkway
TR	Upper Boones Ferry	TL	Carmen
TL	Martinazzi	TR	I-5 South
TR	Sagert	EXIT	Tualatin/Sherwood
TL	Boones Ferry	TL	Nyberg Road
		TR	65th Avenue
		TL	Borland Road
<b>Arrive TuHS</b>		TA	Bridgeport Elem
		TR	Borland Road
		TL	65th Avenue
<b>Route #2</b>	<b>Bull Mtn.</b>	TR	Norwood Road
TL	Hall Blvd.	TL	82nd Avenue
TR	McDonald	TR	Norwood Road
TL	Pacific Hwy.	TR	Boones Ferry
TR	Bull Mtn. Road		
TL	Beef Bend	<b>Arrive TuHS</b>	
TR	131st Avenue		
TL	Fischer Road		
TR	Pacific Hwy.		
TL	Tualatin Road		
TL	115th Avenue		
TR	Hazelbrook Road		
TR	103rd Avenue (Jurgens Road)		
TL	Tualatin Road		
TR	Boones Ferry Road		

7/20/11

**Arrive Tualatin HS**

**Tualatin High School**  
**2011-12 EMERGENCY INFORMATION FORM**

Year in School:  
9 10 11 12

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's Work Email: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's Work Email: \_\_\_\_\_

Student lives with:            \_\_\_ Both parents    \_\_\_ Mother    \_\_\_ Father    \_\_\_ Guardian

In the event we are not able to reach you we require 2 emergency contacts other than parents who have permission to transport your student:

1. \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
(person to notify in parent/guardian's absence)

2. \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
(person to notify in parent/guardian's absence)

**MEDICAL INFORMATION**

Please list any health conditions and allergies (including bee stings) that may affect your student at school:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Life	
Threatening	
Yes	No

**LIFE THREATENING ALLERGIES REQUIRE THE PARENT TO PROVIDE AN EPI-PEN AT SCHOOL**

My student is allergic to these medications: \_\_\_\_\_

Medication now taking: \_\_\_\_\_

If medication is to be taken at school, parental permission is needed. Please obtain a form from the Student Affairs Office.

**MEDICAL EMERGENCY TRANSPORTATION**

I authorize school personnel to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency when I cannot be located.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Tualatin High School

# Locker Request Form

## Registration Days 2011-12

Freshman:	August 25	12:30 - 2:00 p.m. (A-L) 2:00 - 3:30 p.m. (M-Z)
Sophomore:	August 23	1:00 - 3:00 p.m.
Junior:	August 25	9:00 - 11:00 a.m.
Senior:	August 23	9:00 - 11:00 a.m.

**Please get this form in to the main office ASAP**

Please indicate on the form below your locker partner. If you have a group of friends you want to locker by, please staple your locker requests together. We will do our best to accommodate your request. **Group locker requests need to be returned ASAP.**

You do not need to send this form in if you choose NOT to have a locker. All students must have a locker partner and will be assigned one if you do not have one listed on your form. We do not have enough lockers for any singles.

You will receive your locker assignment the first day school - not at registration - when you pick up your finalized schedule.

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### ~Locker Request~

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Locker Partner: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade:  Senior  
 Junior

Sophomore  
 Freshman

**Office ONLY:**

Form Received: \_\_\_\_\_ Processed: \_\_\_\_\_



# TIGARD-TUALATIN SCHOOL DISTRICT ATHLETIC CLEARANCE FORM

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Ph. \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Ph. \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Choice \_\_\_\_\_

**INSURANCE COVERAGE IS REQUIRED TO PARTICIPATE: If any change, you must notify the school immediately.**

Primary Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Student Lives with: \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ 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 last year? \_\_\_\_\_yes \_\_\_\_\_no

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

Please list current medications 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 ½ 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.

# School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2010

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

**Athlete and Parent/Guardian:** Please review all questions and answer them to the best of your ability. Explain any YES answers on back.

**Medical Provider:** Please review with the athlete details of any positive answers.

YES	NO	Don't Know	
			1. Has anyone in the athlete's family died suddenly before the age of 50 years?
			2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
			3. Does the athlete have asthma (wheezing), hay fever, other allergies, or carry an EPI pen?
			4. Is the athlete allergic to any medications or bee stings?
			5. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
			6. Has the athlete ever had a head injury or concussion?
			7. Has the athlete ever had a hit or blow to the head that caused confusion, memory problems, or prolonged headache?
			8. Has the athlete ever suffered a heat-related illness (heat stroke)?
			9. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
			10. Does the athlete take any prescribed medicine, herbs or nutritional supplements?
			11. Does the athlete have only one of any paired organ (eyes, kidneys, testicles, ovaries, etc.)?
			12. Has the athlete ever had prior limitation from sports participation?
			13. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or tiring easily?
			14. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
			15. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
			16. Has the athlete ever been hospitalized overnight or had surgery?
			17. Does the athlete lose weight regularly to meet the requirements for your sport?
			18. Does the athlete have anything he or she wants to discuss with the physician?
			19. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
			20. Are you unhappy with your weight?
			21. FEMALES ONLY
			a. When was your first menstrual period? _____
			b. When was your most recent menstrual period? _____
			c. What was the longest time between menstrual periods in the last year? _____

**Parent/Guardian's Statement:**

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a registered athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

Signed: \_\_\_\_\_  
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."

# School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2010

NAME: _____				BIRTHDATE: ____/____/____	
Height: _____	Weight: _____	% Body Fat (optional): _____	Pulse: _____	BP: ____/____ (____/____, ____/____)	
Vision: R 20/____ L 20/____		Corrected: Y N	Pupils: Equal _____ Unequal _____	Rhythm: Regular ____ Irregular ____	

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes / Ears / Nose / Throat			
Lymph Nodes			
Heart: Pericardial activity			
1 <sup>st</sup> & 2 <sup>nd</sup> heart sounds			
Murmurs			
Pulses: brachial / femoral			
Lungs			
Abdomen			
Skin			

### MUSCULOSKELETAL

Neck			
Back			
Shoulder / arm			
Elbow / forearm			
Wrist / hand			
Hip / thigh			
Knee			
Leg / ankle			
Foot			

\* Station-based examination only

### CLEARANCE

\_\_\_\_\_ Cleared

\_\_\_\_\_ Cleared after completing evaluation / rehabilitation for: \_\_\_\_\_

\_\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Medical Provider: \_\_\_\_\_ (print or type) Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Medical 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."*

# SUGGESTED EXAM PROTOCOL FOR THE PHYSICIAN

Revised May 2010

## MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

**MURMUR EVALUATION** – Auscultation should be performed sitting, supine and squaring in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses  
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

**MARFAN'S SCREEN** – Screen all men over 6'0" and all women over 5'10" in height with echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 standard deviation below mean
7. Myopia
8. Ectopic lens

**CONCUSSION** -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Once an athlete is cleared to return to play they should proceed with activity in a stepwise fashion to allow their brain to readjust to exertion. The athlete may complete a new step each day. The return to play schedule should proceed as below following medical clearance:

- Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.
- Step 2: Running in the gym or on the field. No helmet or other equipment.
- Step 3: Non-contact training drills in full equipment. Weight training can begin.
- Step 4: Full contact practice or training.
- Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by a health care provider.

### 581-021-0041 Form and Protocol for Sports Physical Examinations

The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination May 2010" that must be used to document the physical examination and sets out the protocol for conducting the physical examination. Medical providers conducting physicals on or after June 30, 2010 must use the form dated May 2010.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) Website [www.osaa.org](http://www.osaa.org).

Stat. Auth: ORS 326-051

Stats. Implemented: ORS 336.479

Hist.: ODE 24-2002, f. & cert. ef. 11-15-02; ODE 29-2004(Temp), f. & cert. ef. 9-15-04 thru 2-25-05; ODE 4-2005, f. & cert. ef. 2-14-05



## **Tualatin High School Athletics**

### **Signing Up for Sports**

#### **TuHS Offers the Following Sports**

**Fall Season:** Football, Cross-Country, Soccer, Volleyball, Water Polo, Cheerleading, & Dance  
**Winter Season:** Basketball, Swimming, Wrestling, Cheerleading, & Dance  
**Spring Season:** Baseball, Softball, Golf, Tennis, Track & Field

**2011-12 Sports Seasons Start:** Fall Aug. 22, Winter Nov.14, Spring Feb. 27

#### **Sports Registration**

Fall Sports Sign-ups are Aug. 17 in the Commons:

8:00-10:00AM – 9<sup>th</sup> & 12<sup>th</sup> graders

11:00-1:00PM – 10<sup>th</sup> & 11<sup>th</sup> graders

The Oregon School Activities Association (OSAA) requires all athletes to sign up in person with their high school Athletic Office.

#### **Forms required for sports**

1. Tigard-Tualatin School District Athletic Clearance Form

The Clearance Form is to be completed and signed by athletes and their parents **for each sport each year**.

All athletes must have medical insurance coverage before they will be allowed to try out or practice. School insurance forms are available if you wish to purchase it.

2. School Sports Pre-Participation Examination Form (Physical exam required every 2 years)

The Oregon State Board of Education requires athletes to have a sports physical every two years.

Complete the first page of the form; the second page is to be completed by your physician. Incoming freshmen athletes and student athletes new to TuHS are required to have a physical dated after May 1 of the previous school year. Your physical form is kept on file in the Athletic Office until you are no longer at TuHS.

3. Sports Fee Receipt (pay Bookkeeper/get a receipt)

There is a \$225 pay-to-play fee per sport, plus a \$5 refundable athletic lock fee (make checks to TuHS).

You will not be registered to tryout or practice for sports until you bring the required forms to the Athletic Office. Do not mail or fax your sports forms to school, or drop them off in other school offices.

A current physical, health insurance and your sports fee are required before you are allowed to tryout or practice.

Sports fee refund: If an athlete is cut from a team a full refund will be issued unless the student chooses to transfer to another sport that season. Any athlete who drops a sport will need to pick up an Athletic Fee Refund form in the Athletic Office.

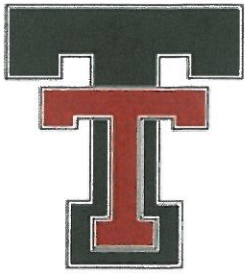
**Tualatin High School Website:** For information about sports, signing up for sports and sports forms.

**Hotline:** TuHS Athletic Events Line for current game up-dates 503. 431-5662

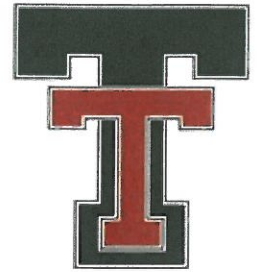
**Athletic Director:** Ted Rose 503.431-5661 trose@ttsd.k12.or.us

**Athletic Secretary:** Syd Rabe 503.431-5660 srabe@ttsd.k12.or.us

**GO WOLVES!**



**TUALATIN**  
Title Sponsor  
*Auto Body, Inc.*



# Come play golf and support Tualatin High School Athletics

Tualatin High School Packbackers presents the  
**9th annual Swing for the Wolves Golf Classic**

Monday September 26th, 2011  
at Tualatin Country Club  
Tualatin, Oregon

The 2011 Swing for the Wolves Golf Classic is an afternoon  
shotgun start tournament.

With your Entry Fee, you will receive...

- 18 holes of golf with golf cart
- One of a kind Timberwolf Golf Apparel
- Range Balls
- Various special events during the Tournament
- Lunch before golfing
- Post tournament buffet style dinner

Questions: email [steve@lakesidelumber.com](mailto:steve@lakesidelumber.com) or call 503-260-2961  
[jpellatz@roddapaint.com](mailto:jpellatz@roddapaint.com) or call 503-572-8195  
[swingforthewolves@comcast.net](mailto:swingforthewolves@comcast.net)

All proceeds go directly to support  
Tualatin High School Athletics!