

# JESUIT ATHLETIC PARTICIPATION FORM

IMPORTANT: This form must be filed with the ATHLETIC DEPARTMENT before a student can practice or compete with any Jesuit athletic team. This one form covers all athletic competition by the student during the school year. The form must be filed before the start of practice. SPECIAL NOTE FOR ALL SPORTS ATHLETES: File this form prior to tryouts / practices.

MAIL TO: Athletic Department, Jesuit High School, 9000 SW Beaverton-Hillsdale Hwy, Portland, OR 97225  
FAX TO: (503) 291-5464

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_ PHONE \_\_\_\_\_

**1. AGE ELIGIBILITY (STUDENT CANNOT BE 19 YEARS OLD BEFORE AUGUST 15<sup>TH</sup> OF SENIOR YR.)**

WILL THIS STUDENT BE 19 YEARS OLD BEFORE AUG 15 OF HIS/HER SENIOR YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_

**2. RESIDENCE**

DOES THIS STUDENT RESIDE AT HOME WITH HIS/HER PARENT(S)? YES \_\_\_\_\_ NO \_\_\_\_\_

**3. TRANSFER STATUS**

IS THIS STUDENT A TRANSFER INTO JESUIT THIS YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_

**4. MEDICAL STATEMENTS (TO BE FILLED OUT BY PARENTS)**

This must be filled out for ALL students, including those returning to Jesuit. NEW FRESHMEN, TRANSFER, AND JUNIOR YEAR students must also file a School Physical Form, signed by a physician, with the Registrar before the student will be allowed to practice or compete in Jesuit Athletics.

a. Has the student had serious injuries or medical problems requiring medical attention within the last year?  
YES \_\_\_\_\_ NO \_\_\_\_\_

b. Does the student have any ongoing significant disease or chronic illness such as epilepsy, asthma, chronic heart disease, or severe allergies?  
YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES to either 'a' or 'b' above, please explain:

**REGARDING THE USE OF "PERFORMANCE-ENHANCERS":** It is the position of JHS athletics that the use of so-called "performance-enhancing" dietary supplements, which are legal substances sold over-the-counter, is a decision to be made jointly by parent and student/athlete, ideally with the advice of a health professional. Jesuit High School does not require, encourage, or suggest the use of such substances.

**5. THE "JESUIT ATHLETIC CODE & RULES FOR ATHLETES"** It is the responsibility of the student and parent to know the policies and standards for student/athletes as outlined in the "Jesuit Athletic Code and Rules for Athletes." Individual athletic programs will also set additional guidelines pertaining to that sport.

**6. INSURANCE & DISCLAIMER** We, the undersigned, acknowledge and recognize that hazards are present in athletic participation and that injury may result. My signature below authorizes the school to obtain an emergency medical transportation or care that may become necessary in the course of activities and travel.

**IN CASE OF AN EMERGENCY AT AN ATHLETIC EVENT INVOLVING MY STUDENT, CALL THIS CONTACT AT THIS NUMBER:**

EMERGENCY CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY \_\_\_\_\_

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

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