

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 _____