

Salem-Keizer Public Schools  
**HIGH SCHOOL STUDENT ATHLETE AGREEMENT STATEMENT**

School District 24J is proud of its athletes and athletic programs. Our coaches, administrators, teachers, students, and community expect athletes to make consistent application to the athletic program.

The guidelines set forth in this administrative policy have been established as a minimum code for athletes. This policy will be administered by the coach in conjunction with the building administration.

The following guidelines have been established for athlete and parent approval before any student can represent School District 24J in athletics:

- 1. Salem Keizer School District's athletic programs focus on excellence in academics, leadership, character development, and competition as a vital part of the education experience. The District has high expectations for the behavior and performance of the students participating in athletics.**
- 2. Participation in District sponsored extra-curricular athletic programs is a privilege, not a right, and is contingent upon the student's academic standing, attendance, and ability to abide by the behavior standards set forth in this policy and Oregon School Activities Association (OSAA).**
- 3. Participants and their parents/legal guardian will acknowledge their understanding and agreement with this policy by reading and signing the High School Student Athlete's Expectations Agreement.**
- 4. Participation:**
  - 4.1. Prior to participating in a sport for the first time, the student athlete and his/her parents or legal guardian are required to sign the High School Student Athlete Agreement Statement. By their signatures, the student athlete and parent agree that the student athlete shall comply with and abide by the terms and conditions of the policy.
  - 4.2. The signed agreement remains in effect for all subsequent years that the student participates in a District sponsored athletic program.
  - 4.3. Student athletes will adhere to the expectations for participation, as outlined in this policy, from the first day of OSAA designated fall season practices until the final day of the school year annually, throughout the student's school career, twenty-four (24) hours per day, both while at, and away from, school.
  - 4.4. The expectation set forth in this code of conduct are a minimum set of standards for athletes participating in a District sponsored athletic program and do not supersede the District's student discipline policy and procedure.
  - 4.5. Students participating in athletics should expect discipline consequences to be applied from both the student discipline policy and this policy. Additionally, the policy does not necessarily reflect OSAA policies, which may have additional consequences.
- 5. Academic Standing:**
  - 5.1. To be eligible to participate in a sport, the student athlete must maintain a 2.0 GPA on each progress report during the semester in which they are participating and meet OSAA's academic eligibility which require that the student athlete:
    - 5.1.1. Has passed a minimum of five (5) classes the semester immediately prior to participation.
    - 5.1.2. Is making satisfactory progress toward graduation.
    - 5.1.3. Is enrolled in and passing minimum of five (5) classes during the semester in which they are participating.
  - 5.2. Any athlete not maintaining the standards outlined in Section 5 of this policy, may be assigned by the coach or school administrator to a supervised study program and required to submit a weekly grade check demonstrating improvement.
    - 5.2.1. Any athlete submitting a weekly grade check indicating worsening grades may be deemed ineligible to participate by a school administrator until the student athlete can demonstrate a minimum 2.0 GPA and a passing grade for all classes.
    - 5.2.2. Unexcused absences from the supervised study program may result in a school administrator suspending the student athlete from participation in contests and/or remove the student athlete from athletic program(s).
    - 5.2.3. Student athletes who fail to abide and comply with the criteria outlined in Sections 5.2 of this policy may be deemed ineligible to participate in athletic program(s) by the school administrator.
- 6. Attendance:**
  - 6.1. Student athletes are expected to be on time and attend all class during the school day in order to participate in any athletic function occurring on the same day.
  - 6.2. Student athletes absent or tardy during the school day may not participate in athletics that day with the exception of absences proactively excused by school administration.
  - 6.3. Chronic absences and/or tardiness may result in suspension from contests and/or removal from athletic programs.
  - 6.4. If an attendance infraction is reported after the student athlete participated in an athletic function, a suspension may occur at a date to be determined by school officials.
- 7. Behavior Standards:**
  - 7.1. Student athletes must represent their school in a manner worthy of school and community pride. Behavior that results in dishonor to the student, team, coach/leaders, school, or district will not be tolerated and consequences will be administered.
  - 7.2. A student athlete's discipline record stays with them throughout their high school career and consequences will be administered as outlined in Section 8 of this policy, regardless if the student transfers between Salem-Keizer high schools or transfer into a Salem-Keizer high school from out of the district.
  - 7.3. Student athletes are expected to comply with district policies and procedures, school rules, and expectations both at and away from school and at all school sponsored activities. Offenses and their consequences are defined in the District's student discipline policy and procedure and include:
    - 7.3.1. Possession, selling, distribution, buying, use of, or being under the influence of an alcoholic beverage; inhalants, including solvents, and other dangerous substances; or any other drug as defined by but not necessarily limited to the Uniform Controlled Substance Act, ORS 475.005; possession of paraphernalia, possession of look-alikes being represented as being a controlled substance(s), and/or misuse of prescription or non-prescription drugs; smoking, possessing, selling, buying, transmitting, distributing, or otherwise using tobacco products; physical assault of another person; aggressive behavior; threats (written, verbal, or conduct); harassment; intimidation; bullying; sexual harassment; racism; possessing, transmitting, selling, or displaying a weapon or look-alike weapon; unauthorized absences; any act or attempted act of fire-setting; misuse of computer networks and internet; property damage; theft; and nonpayment of fees, fines, and/or restitution for damaged or lost property.
  - 7.4. Student athletes found in violation of District's student discipline policy and procedure and/or school rules will be held accountable for their actions as per the consequences outlined in the student discipline policy and procedure. In addition, the coach or school administrator may determine that the student athlete will have additional consequences as outlined in this policy.

- 7.5. Student athletes who, either in school or away from school, have acted in a manner that constitutes a criminal offense (excluding minor traffic violations), may be suspended from participation and/or removed from athletic program(s).
- 7.6. Student athletes who find themselves in the presence of persons who are illegally using, possessing, selling, buying, transmitting, distributing, or otherwise using or under the influence of alcohol, inhalants, or any other drug as defined by District's student discipline policy and procedure shall immediately remove themselves from the presence of all persons and places involved and immediately contact their parents and notify their head coach within 24 hours.
8. **Consequences:**
- 8.1. School administrators will work with coaches to investigate alleged violations of this policy and when warranted, the coach or administrator will use the consequences set forth in this policy as the minimum set of consequences for student athletes who violate the behavior standards delineated in this policy.
- 8.2. Student athletes who are dishonest or withhold information regarding violations and or investigations of any part of this policy may be suspended or removed from athletic programs. Student athletes who are found to be dishonest at any point in the related investigatory process are also not eligible for the minimum consequences delineated in this policy.
- 8.3. Athletic fees will not be reimbursed for athletes suspended/removed from programs.
- 8.4. **School Consequences:**
- 8.4.1. Student athletes who are suspended from school or serve an in-school suspension, for any reason, shall not participate in athletics during their suspension.
- 8.4.2. The accumulation of two suspensions from school during one sport season may result in suspension and/or removal from the program for the duration of the season at the discretion of the school administration.
- 8.5. **Athletic Consequences:**
- 8.5.1. Student athletes who violate the behavior standards for tobacco, alcohol, and drugs as outlined in Section 7 of this policy are subject to the following athletic consequences, in addition to school disciplinary consequences:
- 8.5.1.1. The first offense during the student athlete's high school career will result in a 21 calendar day suspension from participation in athletics. However, if the student athlete was honest throughout the investigatory process and took ownership for their behavior, they may be eligible for a 14 calendar day suspension from participation in athletics, provided they also successfully complete the 3<sup>rd</sup> Millennium coursework related to their offense.
- 8.5.1.2. The second offense during the student athlete's high school career will result in a 42 calendar day suspension from participation in athletics.
- 8.5.1.3. The third offense during the student athlete's high school career shall result in permanent termination of the student athlete's ability to participate in the District's athletic program.
- 8.5.2. Reinstatement to the athletic program for a student athlete who violates the behavior standards for tobacco, alcohol, and drugs as outlined in Section 7 of this policy is contingent upon:
- 8.5.2.1. Completion of current drug/alcohol assessment at a licensed agency offering assessments;
- 8.5.2.2. Compliance with all written recommendations made by a substance abuse counselor or other appropriate person;
- 8.5.2.3. Ability to provide appropriate written documentation from the licensed agency who conducted the assessment;
- 8.5.2.4. Completion of the athletic participation suspension;
- 8.5.2.5. Completion of all requirements of school diversion consequences; and the athletic director's approval.
- 8.6. **Serving Suspensions:**
- 8.6.1. In Season: A student athlete suspended while currently participating in a sport will begin their suspension upon notification of the violation or upon the first playable date of the sport season, whichever comes later.
- 8.6.2. Out of Season: A student athlete suspended while out of season will begin their suspension upon the first playable date of the athlete's next season of participation in a sport.
- 8.6.3. Suspensions from athletic participation must be served in their entirety and the student athlete must complete the current season.
- 8.6.4. The suspended student athlete must stay in good standing behaviorally with the athletic program for the remainder of the season in order to successfully complete their suspension.
- 8.6.5. Student athletes who are suspended and/or removed from an athletic program shall not participate in another athletic program for the remainder of the season in which they were suspended and/or removed.
9. **Due Process:**
- 9.1. If a student athlete faces disciplinary action, which may result in suspension or dismissal from an athletic team, the following due process will occur:
- 9.1.1. The administrator will meet with the student and inform him/her of the reasons for the disciplinary action. The student athlete will have the opportunity to present their version of the facts as they pertain to the situation.
- 9.1.2. The administrator will notify the student athlete's parents of the situation and any disciplinary action(s) to be administered.
- 9.2. If the parent wishes to appeal the disciplinary consequence(s), the following process applies:
- 9.2.1. The parents shall first meet directly with the athletic director in an attempt to resolve the situation.
- 9.2.2. If unable to resolve the issue, the parent may request the principal review the decision. This request must be submitted in writing to the principal within two (2) school days from the date the parent is notified of the athletic director's decision.
- 9.2.3. Upon receipt of the written appeal the principal, or his/her designee, will investigate the situation, provide the athlete with an opportunity to present his/her version of the facts, and shall respond to the appeal.
- 9.2.4. If unable to resolve the issue with the principal or his/her designee, the parent may request the Superintendent review the decision. This request must be submitted in writing to the Superintendent within two (2) school days from the date the parent is notified of the principal's decision.
- 9.2.5. The Superintendent or his/her designee shall designate a hearings officer to hear the case. The hearings officer shall hold a hearing and render a decision.
- 9.2.6. The hearings officer's decision shall be final.
- 9.3. With local school administrative approval, the student athlete may be allowed to continue to attend practices/team functions but shall not participate in athletic contests during the appeal process.

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*By their signature, the student athlete and parent understand and agree that the student athlete shall comply and abide by the terms and conditions of this administrative policy immediately following the execution of this policy, at all times, throughout the remainder of the student athlete's high school attendance.*



\_\_\_\_\_

PARENT

\_\_\_\_\_

STUDENT

\_\_\_\_\_

DATE

\_\_\_\_\_

DATE



## Acknowledgment of Concussion Guidelines and Materials

In accordance with Senate Bill 721 ("Jenna's Law"), new concussion training and procedural guidelines are now in effect for Oregon coaches, managers, referees, players under the age of 18 and their parents or legal guardians. For each year of participation, and prior to a player under the age of 18 participating, at least one parent or legal guardian must acknowledge receipt and review of the guidelines and materials related to concussions as described in the law. If the player is age 12 or older, the player must also acknowledge receipt and review of the guidelines and materials.

Please review and acknowledge receipt of the three CDC documents listed below and/or any other related materials by signing below. Together we can help ensure better outcomes for athletes who sustain concussions.

1. Parent Concussion Information Sheet:  
[http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion\\_parent\\_athlete\\_info.pdf](http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_parent_athlete_info.pdf)
2. Fact Sheet for Athletes:  
[http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion\\_fact\\_sheet\\_for\\_athletes.pdf](http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_athletes.pdf)
3. Fact Sheet for Parents:  
[http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion\\_fact\\_sheet\\_for\\_parents.pdf](http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_parents.pdf)

### Parent/Guardian

I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I agree that my child must be removed from practice or a game if a concussion is suspected and that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice or play until providing written clearance from an appropriate health care provider to his/her coach or team manager and I understand the possible consequences of my child returning to practice/play too soon.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Athlete

\_\_\_\_\_  
Preferred Contact Information (email/telephone)

\_\_\_\_\_  
Date of Birth

### Player

I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I understand the importance of reporting a suspected concussion to my coaches and to my Parents (or guardian) and that I must be removed from practice or game if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach or team manager before returning to practice or play and I understand the possible consequences of returning to practice or play too soon and that my brain needs time to heal.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preferred Contact Information (email/telephone)

\_\_\_\_\_  
Date of Birth

# Sprague Lacrosse, Inc.

4742 Liberty Rd S #335 Salem, OR 97302 spraguelax@gmail.com www.spraguelax.com

## Medical Treatment Authorization

As the legal parent or guardian of (PRINT PLAYER NAME: \_\_\_\_\_)  
(DATE OF BIRTH: \_\_\_\_\_), I hereby give my consent to the coaching and volunteer staff of Sprague High School's Lacrosse, and/or the coaching staff and directors of the host organization of any Oregon High School Lacrosse Association sanctioned event, to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services warranted in the course of my child's participation in Sprague High School's Lacrosse activities.

**My child has been seen by a physician in the past 24 months and has been cleared to participate in athletic activities. Please attach form.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

Participant Primary Medical Insurance Carrier: \_\_\_\_\_

Group or Policy Number: \_\_\_\_\_

Primary Card Holder's Name: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Care Physician Contact Number: \_\_\_\_\_

### **Parent Contact Numbers:**

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

### **Alternate Emergency Contact:**

Name \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

\_\_\_\_\_ Relationship to Player \_\_\_\_\_

For player, please note any medical conditions of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT'S OR GUARDIAN'S AGREEMENT OF  
WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE**

*To be signed by adults if the participant is under 18 years of age.*

***Acknowledgment and Assumption of Risk***

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in participating in: \_\_\_\_\_

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand that there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity.

The undersigned parent and/or legal guardian and participant understand that Salem-Keizer School District (District) does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the District has no responsibility or liability for injury resulting from this activity.

**The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.**

**Waiver of Liability and Indemnification:**

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

a. **waives, releases, and discharges Salem-Keizer School District** and its agencies, officers, and employees from any and all liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the activity or event; and

b. **defend, indemnify, and hold harmless Salem-Keizer School District**, its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

***READ BEFORE SIGNING***

Name of Minor: \_\_\_\_\_

Age of Minor: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

# Sprague Lacrosse, Inc.

## PARTICIPATION AGREEMENT

Your son/daughter has expressed a desire to participate in Sprague Lacrosse Club activities. The Club board members, Salem -Keizer School district, and City of Salem feel there is certain information concerning such participation, which may be helpful to you. Please read and then sign this information form at the bottom of the page.

1. **Sprague Lacrosse, Inc.** is affiliated by Salem-Keizer School District and Sprague High School in **name only** as a club sport. Advisors and coaches are not, in general, school employees. Often, Sprague parents or community members coach these teams. The district accounting system does not hold Sprague Lacrosse, Inc. funds, and the district or school does not fund them. Coaches are not hired or evaluated by school personnel; criminal background checks are not necessarily required, and the athletic department does not oversee this Club Sport.
2. Each athlete must pay a club participation fee (dues). These fees cover the cost of running the club. The club is a non-profit organization and receives no funding from Salem-Keizer School district or the City of Salem.
3. Each athlete must pass a physical examination by a licensed physician prior to participation in this Sprague Lacrosse club activity as in any OSAA activity. Once passing a physical examination, no other exam is required for his/her participation unless the athlete sustains an accident, injury or serious illness. Upon injury, the athlete, prior to participating again in *any* athletic activity, must be cleared by his/her physician.
4. Medical insurance is required of all athletes participating in this lacrosse club activity. It is to be understood that Sprague Lacrosse, Inc., Oregon High School Lacrosse Association (OHSLA), City of Salem, Salem-Keizer School district, its members, its sponsors, playing sites, event organizers, coaches, officials, board members and volunteers are not liable for any medical, dental, hospital bills, or funeral expenses occurring as a result of athletic injuries incurred by a student while participating in a supervised sport or in the transportation to/from such events, and such bills, in excess of insurance benefits, shall be the responsibility of the student's parents or guardians.
5. Recognizing that as a result of such participation, medical treatment on an emergency basis may be necessary and that club personnel may be unable to contact me for my consent for emergency medical care, I do hereby consent in advance to such emergency care, emergency transport, including hospital care, as may be deemed necessary under the then existing circumstances.
6. I realize no amount of reasonable supervision or training can eliminate all the dangers of athletic participation and that my son/daughter may suffer serious injury or death as a result of participation in athletic events. Notwithstanding this possibility, and with full knowledge and understanding of the risk of serious injury or death to my son/daughter as a result of athletic participation, I give my permission for my son/daughter to participate in all Club activities this year. **If I have an exception, I have listed it now at the end of this document.**
7. Athletes will be held monetarily accountable for club dues and club equipment issued to them. Future participation may be withheld if restitution is not made.
8. All athletes are expected to conform to the rules of scholastic eligibility, participation and training rules as prescribed by the Oregon School Activities Association, Salem-Keizer School district, including document JCBC-R, (subject to Lacrosse Board interpretation, and the athletic coaching staff. Please read <http://www.salkeiz.k12.or.us/system/files/JCBC-R.pdf>.
9. When teams travel for games with other schools outside the Salem-Keizer School district, transportation will be provided by the Club whenever possible. When transportation is provided, athletes must travel both to and from the location of the contest by such Club provided transportation unless the coach in charge grants exception to release the athlete to legal guardian as requested by guardian.
10. I agree that as the legal guardian, I will instruct the athlete that prior to participation he/she should inspect the facilities and equipment to be used, and if the athlete believes anything is unsafe, he/she should immediately advise his/her coach or supervisor of such condition(s) and refuse to participate, until such condition(s) are resolved.
11. Certain Club activities or events may involve overnight stays in hotels, motels, or dormitories. During these occasions, supervision will be provided by coaches and/or parent chaperones. Club members will be expected to follow all rules for safe and appropriate conduct. Failure to follow those rules may result in your athlete being sent home at the parents' expense.
12. As the Player, I agree to abide by the rules and policies of OHSLA and its officials. I am agreeing to wear the required equipment at all times and understand that I may lose the privilege of participation should I not do so. This same privilege may be lost if my actions are deemed detrimental to the safety of others. We, as Player and Guardian, understand and appreciate that participation or observation of the sport constitutes a risk to us of serious injury, including permanent paralysis or death. We voluntarily and knowingly assume this risk and agree to defend, indemnify, hold harmless and release Sprague Lacrosse, Inc., Salem-Keizer School District, City of Salem, the OHSLA and members, its sponsors, playing sites, event organizers, coaches, officials, board members, and volunteers from any and all liability therefore.

(#6 Exceptions, if any. If none, write "NONE")

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I have read the above and the School Student Athlete Expectations (<http://www.salkeiz.k12.or.us/system/files/JCBC-R.pdf>) and agree to these terms.

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Player Signature

Date

---

Parent/Guardian Signature

Date

# Sprague Lacrosse, Inc.

4742 Liberty Rd S #335 Salem, OR 97302 spraguelax@gmail.com www.spraguelax.com

## TRANSPORTATION AND RELEASE FORM

\_\_\_\_\_ (Name of Athlete/Registrant) may be involved in various athletic activities sponsored by Sprague Lacrosse, Inc. Sprague Lacrosse, Inc. has elected to establish guidelines relating to transportation of student athletes for these events. There will be many activities that the Sprague Lacrosse, Inc. ***will not*** be providing transportation to or from. For those events/activities, you will be responsible for your child's own transportation. ***Athletes/students are NOT PERMITTED to drive themselves or any other athletes/students to games and/or practices outside of Salem, Oregon.*** This form is intended to advise parents and guardians of these circumstances and to have the parents/guardians release Sprague Lacrosse, Inc. from all liabilities arising out of students transporting themselves in privately owned vehicles.

I acknowledge that I have reviewed the following procedures:

1. There may be times/occurrences in which my child will be transported in a privately owned vehicle.
2. There may be time/occurrences in which my child will be transported in a vehicle driven by another adult, athlete, or student.
3. If a family or the child's personal vehicle is used in transporting students, I affirm that I have, or my child has, statutory liability insurance, including uninsured or underinsured motorist coverage.
4. I stipulate, if I am involved in driving my own vehicle or my child/guardian is involved in driving a personally owned vehicle, the driver will adhere to all traffic ordinances and laws, including possessing a valid driver's license at all times.
5. I further agree to release from liability and to indemnify and hold harmless Sprague Lacrosse, Inc., coaches, officers, sponsors, employees, volunteers, and agents from any and all claims and liabilities (including costs and attorney's fees) arising out of or in any way connected to the transportation of my child in personally owned vehicles either owned by me or any other party. This Release and Indemnity Agreement includes claims based on negligence.
6. I understand that I am responsible for damage to any family vehicles.

I further affirm that I have carefully read and understand this agreement and all its terms. I understand that it is an AGREEMENT TO RELEASE AND INDEMNIFY that will prevent parents or guardians of my child or my child from recovering damages in the event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

\_\_\_\_\_  
Signature of Parent(s) or Legal Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name(s) of Person(s) signing above

\_\_\_\_\_  
Signature of Athlete/Registrant

\_\_\_\_\_  
Date



US LACROSSE 2 Loveton Circle, Sparks, MD 21152 | P: 410.235.6882 | F: 410.366.6735

Member ID# (if renewing and known): \_\_\_\_\_ circle one: Male Female
Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Group/Team Name: \_\_\_\_\_

STEP 1 - SELECT YOUR MEMBERSHIP CATEGORY (BASED ON YOUR AGE)

- 14 and under .....\$30
15 - 18 .....\$35
Adult (19+) .....\$55

STEP 2 - SELECT ALL CATEGORIES WHERE YOU PARTICIPATE:

(Identify each category of participation to obtain insurance coverage for that category. There is no additional charge for multiple categories.)

- PLAYER
COACH (CHECK ALL THAT APPLY)
Men/Boys' Women/Girls'
Youth Youth
High School High School
College College
Post-College Post-College

Primary Team/Program: \_\_\_\_\_

- OFFICIAL (CHECK ALL THAT APPLY)
Men/Boys' Women/Girls'
Youth Youth
High School High School
College College
Post-College Post-College

Officials and coaches receive one rulebook complimentary and may purchase additional rulebooks at \$8 each. Please indicate number for each type:

- Men's NCAA Women's NCAA
Men's HS/Youth (NFHS) Women's HS/Youth (NFHS)

Total additional rulebooks purchased at \$8 each: \_\_\_\_\_

- FAN (FOR MEMBERS WHO DO NOT PARTICIPATE AS A PLAYER, COACH OR OFFICIAL - \$55, ADULT ONLY)

CHARITABLE INFORMATION:

Please consider a tax-deductible gift to support the growth of lacrosse nationwide!
US Lacrosse Fund ..... \$ \_\_\_\_\_

Total Fee (membership cost and contribution) .....\$ \_\_\_\_\_

STEP 3 - COMPLETE YOUR PAYMENT INFORMATION

- Check enclosed for \$ \_\_\_\_\_ (payable to US Lacrosse)
Please charge my credit card \$ \_\_\_\_\_

Card Number Exp.
Signature

STEP 4 - PLEASE SIGN WAIVER TO THE RIGHT

ENROLLMENT FORM AND MEMBER AGREEMENT

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD THIS WAIVER MUST BE READ AND ACCEPTED BY THE LEGAL GUARDIAN OF THE PARTICIPANT.

By signing below, I hereby verify that I have read and fully understand each of the following conditions for participation in any US Lacrosse activities and/or a US Lacrosse recognized or sanctioned event, and I agree to and accept each of the conditions below, including but not limited to the entirety of the waiver and release and mandatory individual arbitration provisions set forth in the DISPUTE AND MANDATORY ARBITRATION AGREEMENT summarized in Paragraph 7. I also verify that I have read and agreed to the terms in the Code of Conduct. If I am a parent or guardian acting on behalf of a participant who is not yet 18 years old, I agree on my behalf and on behalf of the minor participant..

ACCEPTANCE OF ALL TERMS SET FORTH IN PARAGRAPHS 1-7, INCLUDING BUT NOT LIMITED TO THE WAIVER AND DISPUTE AND MANDATORY ARBITRATION AGREEMENT IS REQUIRED FOR ACCEPTANCE OF MEMBERSHIP

In consideration of my membership as a Cross Participant, participating in more than one category of Player, Coach, Official, Referee and/or Umpire in US Lacrosse, and my participation in US Lacrosse recognized or sanctioned events, I agree to the following:

1. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the host organization, and sponsors of any US Lacrosse recognized or sanctioned event, along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in any such US Lacrosse recognized or sanctioned event.

2. Medical Attention: I hereby give my consent to US Lacrosse and the host organization of any US Lacrosse recognized or sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in US Lacrosse recognized or sanctioned events. Notwithstanding the foregoing, I understand and agree that neither US Lacrosse nor the host organization has any obligation to provide any such medical/athletic training attention and both the lack of any such medical/athletic training attention and the provision thereof on a voluntary basis by US Lacrosse and/or the host organization is and shall be covered by the release set forth in Paragraph 1 above.

3. Readiness to Compete: I will only participate in those US Lacrosse competitions or activities in which I believe I am physically and psychologically prepared to participate.

4. Photographic Use Release: I grant US Lacrosse the right to photograph and/or videotape me, my member child or ward and further display and use name, face, likeness, voice and appearance as deemed appropriate in all media (known or hereafter) in perpetuity. I understand that all photographs captured of me by US Lacrosse staff and/or their officially contracted event photographers/videoographers will forever be the property of US Lacrosse and may be used as deemed appropriate by US Lacrosse to include, but not be limited to: event organization publications, training/educations materials, websites, promotional materials, and/or advertisements.

5. Code of Conduct: I have read and agree to all terms in the Code of Conduct on the second page of this form, especially with regard to my responsibilities as a Player, Coach, Official, Referee and/or Umpire.

6. Insurance: Membership benefit of insurance is provided only to residents of the U.S. International members are not eligible to receive the insurance coverage.

7. DISPUTE AND MANDATORY ARBITRATION AGREEMENT: PLEASE READ CAREFULLY. I and US Lacrosse agree that any claims or disputes arising from or relating to my membership, including but not limited to participation in US Lacrosse activities and/or recognized or sanctioned events, unless resolved informally or through mediation or eligible for small-claims court, will be resolved by binding arbitration before a neutral arbitrator or panel of arbitrators. Arbitration will replace the right to go to court and may limit my and US Lacrosse's rights to discovery or appeal. I and US Lacrosse agree that we will not be able to bring a class, private attorney general, collective or other representative action in Court, nor will I or US Lacrosse be able to bring any claim in arbitration on a class, private attorney general, collective or representative basis. We will also not be able to be part of a class, private attorney general, collective, or other representative action brought by anyone else. THE FULL AND SPECIFIC TERMS OF THE MANDATORY ARBITRATION AGREEMENT ARE SET FORTH IN THE "INSURANCE" PORTION OF THE WEBSITE UNDER THE "DISPUTE AND MANDATORY ARBITRATION AGREEMENT" SECTION. I CONFIRM THAT I HAVE REVIEWED, ACCEPTED AND AGREED TO THE PROVISIONS OUTLINED HERE AND IN DETAIL IN THE "INSURANCE" PORTION OF THE WEBSITE UNDER THE "DISPUTE AND MANDATORY ARBITRATION AGREEMENT" SECTION.

If participant is under 18, then a parent or legal guardian of this participant must sign. As member, or as parent or legal guardian of a member under 18, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

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

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

Printed Name: \_\_\_\_\_

All official category memberships expire 9/30, regardless of date joined.

VIEW YOUR MEMBERSHIP INFORMATION AT USLACROSSE.ORG/MEMBERSHIP QUESTIONS? CALL 410.235.6882 OR EMAIL MEMBERSHIP@USLACROSSE.ORG



# US LACROSSE CODE OF CONDUCT AND THE POSITIVE COACHING ALLIANCE

US Lacrosse and the Positive Coaching Alliance have partnered to establish and promote positive coaching throughout the sport of lacrosse. US Lacrosse is committed to preserve the “Honor of the Game” for all who enjoy the sport of lacrosse. To help fulfill this commitment, US Lacrosse requires all players, coaches, officials, parents and spectators to sign and abide by a “Code of Conduct” that embodies basic common sense principles; demonstrates consideration of others; and projects a positive image to our young men and women.

Individuals and/or teams participating in US Lacrosse events that fail to abide by this code will be subject to ejection and disqualification from future US Lacrosse events. Thank you for your help in promoting these principles.

## **CODE OF CONDUCT US LACROSSE AND OFFICIALS**

Officials are expected to read, understand, and abide by the US Lacrosse Code of Conduct, and the additional Code of Conduct specifics which are outlined in the Officials Manuals. These comprehensive ethics policies are minimum standards of behavior for all officials. These manuals are updated on a yearly basis, and are required reading. By agreeing to this statement you agree to familiarize yourself with and abide by these policies.

## **THE CODE OF CONDUCT**

Players, coaches, spectators and parents are to conduct themselves in a manner that “Honors the Game” and demonstrates respect to other players, coaches, officials and spectators. In becoming a member of the lacrosse community an individual assumes certain obligations and responsibilities to the game of lacrosse and its participants. The essential elements in this “Code of Conduct” are HONESTY and INTEGRITY. Those who conduct themselves in a manner that reflects these elements will bring credit to the sport of lacrosse, themselves, their team and their organization. It is only through such conduct that our sport can earn and maintain a positive image and make its full contribution to youth sports in the United States and around the world. US Lacrosse supports the following behaviors for those participating or involved in any way with US Lacrosse in general:

- The essential elements of the “Code of Conduct” must be adhered to.
- Sportsmanship and teaching the concepts of fair play are essential to the game and must be taught and developed both at home and on the field during practices and games.
- The emphasis on winning should never be placed above the value of good sportsmanship, the concepts of fair play, or the skills of the game.
- Derogatory comments are unacceptable. Use positive reinforcement with players and adults alike. It should be remembered that criticism once made can never be retracted.
- The safety and welfare of the players are of primary importance.
- Coaches must always be aware of the tremendous influence they have on their players. They are to strive to be positive role models in dealing with young people, as well as with adults.
- Officials are expected to conduct themselves as professionals and in a manner that demonstrates courtesy and fairness to all parties, while exercising their authority on the field.
- Adults involved with the game must never permit anyone to openly or maliciously criticize, badger, harass, or threaten an official.
- Knowledge of the Rules of Lacrosse must be respected and adhered to by all who participate in the game of lacrosse, both in the letter and the spirit of the game. Attempts to manipulate rules in an effort to take unfair advantage of an opponent, or to teach deliberate unsportsmanlike conduct, is considered unacceptable conduct.
- Eligibility requirements, such as age and previous level of participation, must be followed. They have been established to encourage and maximize participation, as well as promote safety.

# HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Foods  Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS		
1. When was the student's last complete physical or "checkup?" Date: Month/Year ____/____ (Ideally, every 12 months)	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ____ High blood pressure      ____ A heart murmur ____ High cholesterol        ____ A heart infection ____ Kawasaki disease        Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?		
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS		
16. Do you cough, wheeze or have difficulty breathing during or after exercise?		
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY		
30. Have you ever had a menstrual period?		
31. How old were you when you had your first menstrual period? _____		
32. How many periods have you had in the last 12 months? _____		

Explain "yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of 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."

Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

# PHYSICAL EXAMINATION FORM

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

EXAMINATION		
Height:	Weight:	BMI:
BP: / ( / )	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

Not cleared

Pending further evaluation

For any sports

For certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of 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."

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## 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 squatting 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

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination" dated May, 2017 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. The form must contain the following statement above the medical provider's signature line:  
This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after April 30, 2011 and prior to May 1, 2017 must use the form dated May 2010.
4. Medical providers conducting physicals on or after May 1, 2017 and prior to May 1, 2018 may use either the form dated May 2010 or the form dated May, 2017.
5. Medical providers conducting physicals on or after May 1, 2018 must use the form dated May, 2017.

**NOTE:** The form can be found on the Oregon School Activities Association (OSAA) website: <http://www.osaa.org>

Stat. Auth.: ORS 326.051 Stats.

Implemented: ORS 336.479