Gaston School District Athletic Clearance Form

**New form and insurance copy required for every school year.**

Please complete this form & return it to the school before the first practice session of an interscholastic sport. Without this completed form and proof of insurance, student will NOT be allowed to participate in practices or games.

**SPORTS INFORMATION** (check all that apply)

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
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</thead>
<tbody>
<tr>
<td>_____Football</td>
<td>_____Volleyball</td>
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<tr>
<th>Spring</th>
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<tbody>
<tr>
<td>_____Baseball</td>
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**Fees**
- High School: $125 1st sport, $75 2nd sport, $25 3rd sport.
- Junior High: $50 per sport.
- Family Cap: $300. Sports fees paid to other school districts do not apply towards Gaston Family Cap.

**Health Information**

In order to confirm the health status of your student the following information is required on the OSAA physical forms that are available in the office or online at www.osaa.org

1. His/her last sports physical examination was on ________________.
   *A copy of the physical completed & signed by a physician, must be on file at the school. (2 year limit).*
2. Has he/she had any serious accidents or injuries during the past year? _____Yes    ______No
3. If yes, briefly describe the nature of the accident or injury ____________________________________________________________
   _______________________________________________________________________________________________________

**Insurance Information**

_____My son or daughter is covered by _____________________________

(Name of Insurance Company)

Policy Number ___________________________ Group Number ___________________________

(The school must have a copy of student's current insurance card)

_____My son or daughter is covered by school insurance. Date purchased _________________________.

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I, the parent/guardian of __________________________ give my permission for him/her to receive medical care and/or treatment when needed in a situation where I am not available.

____________________________  __________________________  __________________________
Signature of Parent/Guardian   Printed name   Date

____________________________  __________________________  __________________________
Home Phone   Cell Phone   Work Phone

Emergency Contact (OTHER THAN PARENT) __________________________

Phone (s)

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