

Sports and Co-Curricular Health Form Packet

Please **RETURN** the following to the first practice (meeting for co-curricular):

 Blue Emergency Card

 Participation Agreement

 Physical from Doctor (if applicable, required every two years)

 White Activity Fee Envelope with Fee (Return to the Main Office ONLY)

Important Information Regarding OHHS Activity Fee:

What are the amounts of activity fees?

At Oak Hill High School, students will be responsible for paying \$50.00 per activity they choose to participate in. **Payments are to be delivered to the Main Office at OHHS** (please do not give to your coach or club advisor). **Cash or Checks are only accepted at this time. Please make checks payable to RSU #4.** Receipts will be given on all cash payments. Your canceled check will act as your receipt. **NEW THIS YEAR: We will send you an email that we received payment and that it was been posted! On checks, PLEASE write your students name in the MEMO/NOTE line, this will help out immensely (if not in sealed white Activity Envelope).**

What is the maximum amount that each student will be charged?

Students will only be responsible for the activity fee for the **first two activities** they participate in for a **maximum of \$100.00.**

What if a family has two or more students participating?

For families of Oak Hill High School students, their fee will be capped at \$200.00.

What activities are requiring an activity fee for 2017-2018?

All Fall, Winter and Spring Sports (*managers are exempt*), French Club, Drama, FBLA and Ski Club. At this time, Winter Ice Hockey and Unified Basketball are exempt from the activity fee.

When are activity fees due?

We request that the activity fees are paid by the first game or club meeting. However, if your student is “cut” by the coach, you will be refunded the fee. *****STUDENTS WHO ARE REMOVED FROM AN ACTIVITY FOR DISCIPLINARY REASONS, QUIT THEMSELVES OR WHO FAIL TO MEET THE ACADEMIC REQUIREMENTS THROUGHOUT THE SEASON AND ARE REMOVED FROM THE ACTIVITY, WILL NOT BE REFUNDED THEIR FEE******

What if my family has economic hardship?

Please see your administrator if this is the case. Payments can be made weekly or monthly but you must contact an administrator to arrange a plan. At this time, students who have **FREE LUNCH** will not be responsible for paying the activity fee. For students **who receive REDUCED lunch, they will be responsible for 50% of the current fee structure.**

It is your responsibility to re-file every year for Free or Reduced Lunch.

Should you not re-file, maximum fee's listed above will be required. Every student will receive the Reduced/Free Lunch form on the first day of school. Please turn the lunch form into the Main Office.

Athletic Participation Agreement

This agreement is for all sports seasons during the school year. Please contact the Athletic Director if you have a change in insurance coverage or if the named student has changed medical coverage during the sport season.

FULL NAME OF STUDENT: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____ SPORT: _____

PARENT OR GUARDIAN: _____

TELEPHONE- HOME: _____ WORK: _____ CELL: _____

FAMILY DOCTOR: _____ TELEPHONE: _____

INSURANCE COMPANY: _____ POLICY #: _____

Student Section

- This application is to participate in the athletics at school is entirely voluntary on my part and is made with the understanding that this membership can be terminated by a violation of school/athletic department rules and by not meeting eligibility standards.
- As an Oak Hill Student/Athlete, I pledge to read the Athletic Handbook and abide by all the rules and regulations that govern the athletic program.
- I also recognize that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures, and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of risk of injury.

Attendance at School:

- **I understand that I must be present in school prior to the end of Period 1 in order to participate.**
- **I also understand that if I arrive after Period 1 OR leave during the school day for a medical appointment (Doctor/Dentist/PT/Chiropractor, etc.), I must return with a note from my doctor/provider in order to participate in a game or practice.**
- **If I arrive after Period 1 or dismissed during the day without a medical note, this may result in not being able to participate in game or practice.**

DATE

SIGNATURE OF STUDENT

Parent Section

- I hereby give my consent for the above named student: (1) to represent his/her school in athletic activities that are approved by the Board of Education. (2) to accompany any school team of which he/she is a member on any of its local or out of town trips. (3) I authorize the school or its agent to obtain, through a physician of its own choice, any medical care that may become reasonably necessary for the student in the course of such athletic activities of such travel.
- I am also aware that the Board of Education requires that all students receive a medical physical every two years. As a parent/guardian of the above mentioned athlete I pledge to become familiar with the rules and regulations that are spelled out in the Athletic Handbook and to do everything within my control to insure that my son/daughter abides by those standards. In signing this form, I accept the responsibility of notifying the school of any violations of the rules and regulation outlined in the Athletic Handbook.
- I am also aware of the risks, stated above in the student section, that are inherent with interscholastic athletics.

Attendance at School:

- **I understand that my student must be present in school prior to the end of Period 1 in order to participate.**
- **I also understand that if my student arrives after Period 1 OR leave during the school day for a medical appointment (Doctor/Dentist/PT/Chiropractor, etc.), they must return with a note from their doctor/provider in order to participate in a game or practice.**
- **If my student arrives after Period 1 or dismissed during the day without a medical note, this may result in not being able to participate in game or practice.**

DATE

SIGNATURE OF PARENT/GUARDIAN