

**Portland Adventist Elementary School
Athletic Registration / Parent Consent Form**

Athlete _____ Birthdate _____ Grade _____
Parent or Legal Guardians _____
Address _____
Home # _____ Work # _____ Cell # _____
Emergency Contact _____ Phone # _____

Requirements for Participation in Athletics:

1. ATHLETES MUST MAINTAIN A MINIMUM 2.0 GPA WITH NO FAILING GRADES DURING SEASON.
2. ATHLETES MUST HAVE ON FILE A CURRENT ATHLETIC PARENT CONSENT FORM BY FIRST PRACTICE.
3. ATHLETES MUST PAY AN \$100.00 PARTICIPATION FEE FOR THAT INDIVIDUAL SPORT BY FIRST GAME.
4. ATHLETES MUST BE IN SCHOOL THE DAY OF A GAME IN ORDER TO PARTICIPATE IN THAT GAME.

EMERGENCY SITUATIONS WILL BE HANDLED BY THE ATHLETIC DIRECTOR.

5. ATHLETES ARE RESPONSIBLE FOR ALL EQUIPMENT ISSUED. ALL EQUIPMENT MUST BE RETURNED OR PAID FOR BEFORE BEING ALLOWED TO PARTICIPATE IN THE NEXT SPORT SEASON. EQUIPMENT DAMAGED OR LOST WILL BE BILLED TO THE ATHLETE'S ACCOUNT.

INFRACTIONS WHICH COULD RESULT IN SUSPENSION OR EXPULSION FROM A TEAM.

1. UNSPORTSMANLIKE CONDUCT (INCLUDING DISRUPTION, FIGHTING, VULGARITY, VERBAL ABUSE).
2. DESTRUCTION OR DEFACING OF SCHOOL PROPERTY.
3. POSSESSION, USE, SALE, OR DISTRIBUTION OF TOBACCO, DRUGS, NARCOTICS, ALCOHOL, OR ANY OFFENSE AS OUTLINED IN THE PAES HANDBOOK.
4. BEHAVIOR AT SCHOOL THAT IS INAPPROPRIATE, DISRUPTIVE, OR UNACCEPTABLE.

AUTHORIZATION TO CONSENT TO TREATMENT

I HEREBY AUTHORIZE PORTLAND ADVENTIST ELEMENTARY SCHOOL AND/OR IT'S EMPLOYEES AND AGENTS TO CONSENT TO THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN, SURGEON, OR DENTIST AND/OR THE TRANSFER OF MY CHILD TO ANY HOSPITAL REASONABLY ACCESSIBLE. I ACKNOWLEDGE THAT PORTLAND ADVENTIST ELEMENTARY SCHOOL AND/OR IT'S EMPLOYEES AND AGENTS MAY AUTHORIZE SUCH TREATMENT AND/OR TRANSFER, IN THEIR SOLE DISCRETION, EVEN THOUGH I HAVE NOT BEEN PREVIOUSLY CONTACTED. I FURTHER PROMISE TO HOLD HARMLESS PORTLAND ADVENTIST ELEMENTARY SCHOOL AND/OR IT'S EMPLOYEES AND AGENTS FROM ANY AND ALL EXPENSE INCURRED PURSUANT TO THIS AUTHORIZATION IN OBTAINING MEDICAL TREATMENT AND/OR TRANSFER INCLUDING, BUT NOT LIMITED TO, AMBULANCE EXPENSE, COSTS OF PARAMEDICS, HOSPITAL EXPENSE, AND/OR PHYSICIAN CHARGES.

NAME OF FAMILY DOCTOR _____ PHONE # _____
NAME OF INSURANCE COMPANY _____

ANY PERTINENT MEDICAL FACTS THAT COACHES OR DOCTORS SHOULD BE ALERTED OF.

YES, I HAVE READ AND FULLY UNDERSTAND THAT ATHLETIC REGISTRATION/PARENT CONSENT FORM.

(PARENT/LEGAL GUARDIAN SIGNATURE)

(DATE)