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Athletic Paperwork for Students-Athletes

Page One & Two

- Medical Information Form, coaches will use this form during athletic participation to contact and administer first aid to your child if need be. Please be as detailed as possible.

Page Three

- Parent/Guardian Authorization Form, allows parents to show they know the risks involved in high school athletics and have read the Athletic Handbook.

Page Four

- Echo Specific Policies

Page Five

- Authorization to Drug Test Form, gives Echo School District the permission to provide random drug testing during the school year. This form is for HIGH SCHOOL STUDENTS ONLY.

Student-Athletes will not be allowed to participate until all of the paperwork has been turned in.

**If you have any questions please contact
Mitch Kochis, Athletic Director at 541-376-8436
Jennifer Cox, Athletic Secretary 541-376-8436**

Emily Spike
Admin/Board Assistant
espike@echosd5.org

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bdenning@echosd5.org

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jthomas@echosd5.org

Mitch Kochis
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mkochis@echosd5.org



STUDENT-PARENT/GUARDIAN WARNING AND AUTHORIZATION

It is the school district's intent to provide any athletes with good instruction, safe equipment, and safe transportation; but we cannot eliminate all risks involved in sports/activity participation. Accidental injury, completely unrelated to any preventable cause, is always possible. This warning is designed to provide the school district with a degree of protection. It is not designed to deny the rights of an injured student. Participation in OSAA sponsored interscholastic activities are all voluntary. As a condition of participation in these activities, you and your parent(s)/guardian(s) must understand the risks involved in these kinds of activities.

1. Participation in any athletic activity may involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possible crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor to catastrophic injury such as complete paralysis or even one's future ability to earn a living to engage in business, social and recreational activities, generally enjoy life or death.
2. Activity injuries can result from the incorrect or correct performance of playing techniques used in tryouts, practices, warm-ups, games, drills, exercises, and other similar undertakings. Injury can also result from failing to follow the game, training, safety, or other team rules. Injury can result from the use of the transportation provided or arranged by the school district to and from an interscholastic activity.
3. Therefore, the purpose of this warning is to assist you in making an informed decision as to whether you slash your child or ward should participate in these activities. In addition, its purpose is to make you aware that as a student participant, or as a parent/guardian of a student participant, it is your responsibility to learn about and/or inquire of coaches, physicians, advisors, or other knowledgeable person about any concerns that you might have at any time regarding the participant safety.

By signing this document, we acknowledge that we have read and understand the risks involved and will abide by all contents included in this document as well as the Athletic Handbook and give our permission for our student to participate in interscholastic activities at Echo School District.

Student

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

THANK YOU FOR SUPPORTING ECHO COUGAR ATHLETICS!

For any questions, please feel free to contact our Athletic Department (541)376-8436

Echo Athletic Policies

Student Name: _____ Grade: _____

Parents, please initial each of the following policies so we know you are aware.

_____ Participating student athletes must pay a \$25.00 participation fee for the year with a cap of \$50.00 for multiple students in one family. Money due by October 1, 2025 or within 2 weeks of the start of the season.

_____ Any student on grade check for two consecutive weeks or more will become ineligible for any contests, unless a goal sheet has been completed the prior week and students are improving.

_____ Students must be in school all day on the day of a home or away athletic event, or the equivalent of one full day before departure for an away activity **and** all day following the activity.

_____ Students who have an unexcused absence cannot practice that day.

_____ Athletes are required to travel with the team to and from all school-sponsored events, unless they have signed permission to travel home with a parent or guardian.

_____ Athletes who do not turn in all of their uniform at the end of the season will be charged for the cost of replacing the uniform.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION TO TEST FOR DRUGS
PERMISSION FORM

I understand that my performance as a student athlete and the reputation of my school and teammates are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by Echo High School and Echo School District 5R Board.

I also authorized Echo School District 5R to conduct a test on a urine specimen, which I provide to test for drug - alcohol - tobacco use. I also authorized the release of information concerning the result of such test Echo School District 5R into the parents and/or guardian of the student athlete.

The authorization shall be deemed consent pursuant to the Family Education Right to Privacy Act for the release of the above information to the party's named above. In the event that my child is selected for testing and is taking prescription medication, I give my consent for any medical provider to release information regarding any prescription drugs to the testing laboratory and Echo School District 5R for the purpose of complying with this policy.

I have received a copy of the release. I have read and understand the district's policy and related procedures for drug testing and consent to such testing.

Student Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Lab: _____ Alternate Lab: _____

Name: _____ Name: _____

Address: _____ Address: _____

ORS 332.107 OAR 581-021-0050 TO 7500

ORS 336.067 OAR 581-022-0413

ORS 336.222 OAR 581-053-0015

ORS 336.227 OAR 581-053-0545 (4) (C) (R, S, T)

ORS 339-240 OAR 581-053-0550 (5) (T, U, V)

ORS 339-250 OAR 584-020-0040

ORS Chapter 475