

***The athletic office is located in the North building next to the main office. Room 102***

Dear Incoming Freshman Class of 2025,

Welcome to high school athletics! This is a super exciting time but also overwhelming. The athletics and activities office would like to make this transition as easy as possible so that you do not miss out on all of the opportunities that the high school has to offer.

In June watch out for a YouTube video introducing you to all of the coaches and some other staff you will want to get to know if you plan on participating in athletics. A link to the video will be blasted out everywhere; you won't want to miss it!

Attached in this packet are the items that you need to be cleared to participate. All clearance items must be completed *before* you can participate.

**Sports Application-** Filled out completely with signatures on front and back

**Physical form-** All incoming freshmen must have a NEW physical dated June 2021 or later.

**Covid Waiver** – signatures on bottom of form, please review entire document

**Payment to bookkeeper.** Each season is \$100.00 to participate and must be paid in full to the bookkeeper before you can participate. We are not able to offer payment plans, partial payments, or scholarships. If you complete a fall and winter sport, your spring sport is free.

In this packet there is a list of sports with the coaches names. Please reach out to the coaches whose sport you are interested in playing for sport specific information and pre season opportunities.

***KEY ITEMS TO NOTE:***

- ❖ ***GRADES COUNT.*** Academics always come first! Your #1 goal is to graduate
- ❖ You can get cleared for ALL seasons at anytime. Please plan ahead and *do not wait until the first day of practice/tryouts to turn in paperwork.*
- ❖ Make sure all forms are complete with signatures. We do not offer electronic registration at this time
- ❖ Please make sure to indicate what sport(s) you are applying for on the back of the sports application.
- ❖ You only need to do this paperwork ONE time. The sports application and Covid waiver cover all seasons. Physicals are good for freshman and sophomore year.

Athletic Director – Eric Stauffer

Athletic & Activities Secretary – Stephanie Matthews



# David Douglas Scots Athletics

## Fall Sports - Clearance

**Athletic Secretary/Bookkeeper will be in North Office from 8am to 4pm**

**Monday, August 9 through Friday, August 13 2021**

**DDHS North Office - 1001 SE 135th - 503-261-8325**

**\*\*Day of or Late Clearance will result in missed practice time\*\*Payment Plans are NOT available\*\***

## Athletic Participation Requirements

The following requirements for participating in athletics must be completed and on file in the athletic office **prior to practice or tryouts**. Athletic and physical forms are in the athletic office or on the DDHS website.

- \* Have passed 5 classes the previous semester and be enrolled in and passing 5 classes for the current semester.
- \* Students must earn minimum credits required to graduate from David Douglas according to OSAA guidelines.
- \* Have a current physical on file – OSAA physical form required.
- \* Have parent permission, emergency and code of conduct forms filled out and signed.
- \* Have verification of medical insurance or purchase school insurance.

**HAVE PAID IN FULL PARTICIPATION FEE PRIOR TO TRYOUTS**  
**\$100 first sport, \$100 second sport, 3rd sport free**

**David Douglas School-Based Health Center Call for Hours**

**For appointments call (503)988-3554. Summer physicals TBD**

**Parkrose HS Monday through Friday from 8:30am to 5:00pm. Call for an appointment (503)988-3392.**

## Physical Exam Information for Student Athletes

The Oregon Legislature has mandated that all schools require physicals for 9<sup>th</sup> and 11<sup>th</sup> grade students participating in athletics. They have also mandated that all students use the form recommended by the OSAA. This law took effect in the fall of 2002. To comply with the law and provide the safest possible environment for our students, David Douglas High School has established the following policy for athletic physicals.

**\*All freshmen and juniors are required to obtain a physical recorded on the OSAA physical form**

**\*\*Dated June 2021 or later. 8th Grade Physicals cannot be accepted.**

**\*\*\*All other students must have a physical on file and complete the interim form for athletic clearance.**

We strongly recommend that any student who has a family health care provider familiar with their medical history obtain their physical from that person. The **OSAA physical form** to be filled out by a doctor may be picked up in the DDHS Athletic Office or is on the high school website.

## Fall Sports Starting Dates and Information

Sport	Cross Country	Football	Soccer-Boys	Soccer-Girls	Volleyball	Water Polo
Head Coach	Isaac Frederick	Cal Szueber	Logan Marquardt	Amy McQueen	Janeen Rainey	Bob DeRoest
Start Date	August 16	August 16	August 16	August 16	August 16	August 16
Location	Stadium	Football Fields	Soccer Fields	Soccer Fields	North Gym	Pool Building

**Team Schedules for First Week of Practice \*\*SUBJECT TO CHANGE!!!\*\***

Information about the first week of practice will be released when we get our guidelines from OSAA regarding COVID-19 requirements for Athletics

**To find team schedules go to: [www.schedulestar.com/david-douglas](http://www.schedulestar.com/david-douglas) or [www.scotsathletics.com](http://www.scotsathletics.com)  
Email: [eric\\_stauffer@ddsd40.org](mailto:eric_stauffer@ddsd40.org) or [stephanie\\_matthews@ddsd40.org](mailto:stephanie_matthews@ddsd40.org)**

OFFICE USE ONLY: Payment Receipt # \_\_\_\_\_ Grade Check \_\_\_\_\_ Physical date: \_\_\_\_\_

**David Douglas High School**  
**Sports Application**  
**Student Information (to be completed by parent/guardian)**

Student \_\_\_\_\_  
Last First Student ID

Address \_\_\_\_\_  
Street Address City/State Zip Code

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female  2021-2022 Year Grade: 9 10 11 12

Name of school attended previously: \_\_\_\_\_ Graduation Year \_\_\_\_\_

\*Exchange Student: Yes or No (circle one) \*Alternative Student: Name of school

↳ \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City/State Zip Code

Primary number \_\_\_\_\_ Student Cell: \_\_\_\_\_

Emergency number \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Physician or nurse practitioner \_\_\_\_\_ Phone Number \_\_\_\_\_

**INSURANCE**

The David Douglas School District does not provide any kind of insurance for students. Since the Oregon School Board Association requires all participants to be covered by an injury insurance program, please check the appropriate coverage below.

\_\_\_\_\_ We have a family plan Insurance Company \_\_\_\_\_

\_\_\_\_\_ We will purchase a Meyer & Stevens Plan of School Insurance Plan \_\_\_\_\_

**STUDENT ATHLETIC PHYSICAL EXAM POLICY**  
**INTERIM ATHLETIC PARTICIPATION RELEASE FORM**

David Douglas School District Policy and Oregon State Law require that all high school students have a physical examination by a licensed physician or nurse practitioner. The official OSAA physical form must be used and on file in the Activities Office before the student may participate in district sponsored athletic programs. For most students this will occur on entry to the 9<sup>th</sup> and 11<sup>th</sup> grades. 8<sup>th</sup> grade physicals will not be accepted. Incoming 9<sup>th</sup> graders must have physicals signed June or later 2019.

All students who transfer into David Douglas High School must have a physical examination on file prior to participation in district sponsored athletic programs.

Students in the 10<sup>th</sup> and 12<sup>th</sup> grades who have had a valid physical examination on file will only need this application signed by their parent or guardian to continue participation in district sponsored athletic programs. This release is required in grades 10 and 12 providing the athlete has not had any changes in his or her physical health and a physical examination form from grade 9 (for grade 10) or grade 11 (for grade 12) is on file in the Activities Office.

Additional requirements for physical examinations will be determined on an individual basis. Please contact the Athletic Director if there is any change in your child's physical condition that would affect his or her ability to participate. Example: An athlete recovering from a chronic illness, injury, or surgery could be required to provide a signed medical release before re-entering the school athletic program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Signatures are REQUIRED on both sides of this application

**ATHLETIC CODE OF CONDUCT**

David Douglas strives to provide students the opportunity to participate in athletics, assuming they practice good citizenship in the classroom, community, and on the playing field. Representing our high school as an athletic team member is a **privilege not afforded to all students**. With this privilege comes a greater behavior responsibility both during and after school hours. The Athletic Code of Conduct will be in force during an athlete's sports season including the time period between participation in consecutive sports. Student athletes who attend activities where others are participating in illegal activities will be subject to the Athletic Code of Conduct.

<b><u>Code Violation</u></b>	<b><u>Steps</u></b>	<b><u>Consequences for Athletic Code Violations</u></b>
Criminal Act	Step 1-7	1. Conference
Possession, use, and/or distribution of Tobacco	Step 2-7	2. 10% suspension from the season's contests
Drug/Alcohol	Step 3-7	3. 25% suspension from the season's contests
Attendance at events where code violations take place	Step 1-7	4. 50% suspension from the season's contests
2 <sup>nd</sup> Offense of Athletic Code Violation	Step 4-7	5. 75% suspension from the season's contests
		6. 100% suspension from the season's contests
		7. Dismissal from program/loss of letter

Suspensions are **minimum consequences**. A review committee made up of the athletic director, current head coach, and one administrator will review all circumstances relating to the student and then determine the degree of penalty. Students suspended from participation for violating training standards, but not suspended from school, may be allowed to practice during the suspension.

**Any infraction that occurs during school or at a school sponsored activity will be subject to the school discipline policy outlined in the DDHS Student Handbook under "Discipline" in addition to the Athletic Code Penalties.**

**ACADEMIC STANDARDS/ELIGIBILITY REQUIREMENTS**

In order to be eligible, a student is required to have passed a minimum of five (5) classes the previous semester (2 1/2 credits), be passing a minimum of five (5) classes the current semester and making normal progress toward graduation. **David Douglas High School requires students to pay all outstanding fines and fees and return all library books, textbooks and sports equipment before they can participate in any athletics or activities.**

**PARENT/GUARDIAN STATEMENT**

I have read the statement and answered the questions on this form to the best of my ability. My student and I understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my student has chosen to participate.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed trainer, coach, licensed physician or nurse practitioner. I agree to waive added expenses as a result of accidents, ambulance service, or emergency services incurred in behalf of my student beyond the school plan or our family insurance plan.

I understand that the sport physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment by the family's licensed physician or nurse practitioner, nor to discover hidden or unknown illness or injury reasonably outside the realm of sports participation.

Both my student and I have read and agree to abide by the discipline guidelines described in the Athletic Code of Conduct and in the student handbook. I hereby give my consent for my student to participate in the interscholastic activity and go with the coach on scheduled trips throughout the season(s).

At times students may be transported in non-district charter buses.

Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

**Fall FB VB XC SOC WP Cheer TAMS Winter WR SW BX Cheer TAMS Spring TF SB BB TEN Golf**  
**Circle each sport or activity you are participating in for each season**

<b>Fall</b>			
First Practice Date: FALL August 16th	<b>Cross Country</b>	<b>Head Coach</b>	Isaac Frederick
	<b>Football</b>	<b>Head Coach</b> <b>JV Coach</b> <b>Frosh Coach</b>	Cal Szieber Greg Carradine, Jr. Dimitrios Finney
	<b>Soccer-Boys</b>	<b>Head Coach</b> <b>JV Coach</b>	Logan Marquardt
	<b>Soccer-Girls</b>	<b>Head Coach</b> <b>JV Coach</b>	Amy McQueen
	<b>Volleyball</b>	<b>Head Coach</b> <b>JV Coach</b> <b>JV2 Coach</b>	Janeen Rainey
	<b>Water Polo</b>	<b>Head Coach</b>	Bobby DeRoest
Spring Try out Date TBD	<b>Cheer</b>	<b>Head Coach</b> <b>JV Coach</b>	Amber Cowgill Brittany DeMars
Spring Try out Date TBD	<b>TAMS - Dance</b>	<b>Head Coach</b>	Lucia Garcia
<b>Winter</b>			
First Practice Date: Winter 15-Nov	<b>Basketball-Boys</b>	<b>Head Coach</b> <b>Frosh Coach</b>	Chad Reeves Tyler Satterthwaite
	<b>Basketball-Girls</b>	<b>Head Coach</b> <b>JV2 Coach</b>	Chris Cavanaugh Bret Kimball
	<b>Swimming</b>	<b>Head Coach</b>	James Bowe
	<b>Wrestling</b>	<b>Head Coach</b> <b>Novice Coach</b>	Anthony Weerheim Scott Johnson

		<b>Girls Coach</b>	Tara Williams
Winter Try out	Cheer	<b>Head Coach</b>	Amber Cowgill
Date TBD		<b>JV Coach</b>	Brittany DeMars
Winter Try out	TAMS - Dance	<b>Head Coach</b>	Lucia Garcia
Date TBD			
<b>Spring</b>	<b>Baseball</b>	<b>Head Coach</b>	Matt Kramer
First Practice Date: Spring		<b>JV Coach</b>	Daniel Wells
28-Feb			
	<b>Softball</b>	<b>Head Coach</b>	Kristen LaFontaine
	<b>Golf -Boys</b>	<b>Head Coach</b>	Tyler Satterthwaite
	<b>Golf- Grls</b>	<b>Head Coach</b>	Whitney Soule
	<b>Tennis-Boys</b>	<b>Head Coach</b>	Brad Joy Chad Reeves
	<b>Tennis-Girls</b>	<b>Head Coach</b>	Bret Walker
	<b>Track &amp; Field</b>	<b>Head Coach</b>	Isaac Frederick

All coaches emails: first\_last@ddsd40.org

# School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2017

## 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?	YES	NO
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: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> 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)?	YES	NO
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?	YES	NO
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?	YES	NO
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 (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



## **Student Athlete and Parent Understanding and Agreement to Safety Requirements For David Douglas Athletics**

- All athletes and parents must read, acknowledge and sign this agreement before commencement of any school sponsored athletic activity.
- Each student/family must complete and sign the Waiver of Liability and Hold Harmless for Communicable Diseases Including COVID-19 before in person contact.
- Athletes will check in and complete the screening process each day. Students arriving after 15 minutes late will be asked to return the next day.
- Athletes will thoroughly wash hands before entering the facility, during workouts, and when exiting the facilities. Students are encouraged to bring their own sanitizer for use throughout activities.
- All students must wear a mask at all times; masks must cover both the mouth and nose at all times. Plastic shields covering the entire face will not be allowed during participation due to the risk of unintended injury to the person wearing the shield or others.
- Athletes will be required to be socially distanced (a minimum of 6 ft apart) at ALL times. Physical contact between athletes and coaching staff will not be allowed. Do not shake hands, hug, fist-bump or high-five.
- Restrooms are single use. Only one student is allowed in restrooms at a time. Student-athletes are required to wash hands and/or use sanitizer after using the restroom. Restrooms may not be available all the time. Plan ahead.
- Athletes will be reminded to sneeze or cough into a tissue or inside of elbow and avoid touching any part of the face. No spitting will be allowed. If an athlete sneezes or coughs, they will be required to wash their hands immediately.
- Food will NOT be allowed on campus.
- Student-athletes will be required to bring their own individual labeled water bottles and are prohibited from sharing water bottles. Disposable bottles will be available on a limited basis.
- Student-athletes must leave the facility and campus immediately after activities. Students should not gather in the parking lot.
- Athletes will wear their own workout clothing and be strongly encouraged to shower and wash their workout clothing/towels immediately upon returning home.
- Parents dropping off and picking up their student should remain in their car at all times.
- Students should not participate in activities if there has been a potential exposure of any degree. Parents and athletes will immediately notify the coach and/or athletic director of any possible COVID-19 exposure.
- Prevention of COVID-19 outbreaks is a community priority.
- **The American Medical Society for Sport Medicine has determined that all participants should be aware there is the possibility of cardiopulmonary issues for adolescents with a COVID 19 infection. All athletes with a past or future COVID 19 infection will need to be cleared by their primary care provider prior to return to physical activity.**
- All activities will be suspended if safety measures are not followed. I have read and understand these requirements.

Parent \_\_\_\_\_ Athlete \_\_\_\_\_ Date \_\_\_\_\_