

# CAMAS HIGH SCHOOL KNOWLEDGE BOWL

## ELIGIBILITY CHECK LIST, etc.

Please fill out both the front and back side of this sheet and return it to Mr. Greene as soon as you can.

### PART 1 – BASIC INFORMATION (Please print clearly)

Name of Student: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent's Phone #: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent's Phone #: \_\_\_\_\_

Other Emergency Contact (name and phone number): \_\_\_\_\_

### PART 2 – CHECKLIST -- FYI

In order to be eligible to participate in Knowledge Bowl meets, should they happen this year, the student must complete the items listed below. Please check off all items that you know for sure have been completed so far:

\_\_\_\_\_ \*\* ASB Card – The requirement for this has been suspended for the time. More on that later if needed/required.

\_\_\_\_\_ \*\* Emergency Medical Authorization, Parent Permission (see on page 2 of this document)

\_\_\_\_\_ \*\* Practice Commitment (regular attendance, with a goal of 2-3 practices/week).

\_\_\_\_\_ \*\* “Pay to Play” – The requirement for this has been suspended for the time. More on that later if needed/required.

### PART 3 – CHS Knowledge Bowl Code of Conduct

Check off each of these items as you read them to indicate your willingness to comply:

\_\_\_\_\_ Please plan to dress “nice casual” for the meets. Please do not wear hats indoors.

\_\_\_\_\_ No alcohol, drugs, or tobacco of any kind are allowed at any time during meet or the trip.

\_\_\_\_\_ Neither knives, nor any other weapons of any kind, are allowed.

\_\_\_\_\_ You are to use respectful language at all times (no swearing for example).

\_\_\_\_\_ Treat your teammates, bus driver, coaches, and other chaperones with respect.

\_\_\_\_\_ Be respectful of others when we go out for meals; clean up after yourself.

\_\_\_\_\_ Treat the other teams and the physical facilities at the meet with respect.

\_\_\_\_\_ Always follow the directions of the coaches, chaperone, and bus driver.

\_\_\_\_\_ Keep the noise level down on the bus. Observe the driver’s request for quiet.

\_\_\_\_\_ You may have snacks on the bus, but remember to keep the bus clean. Pick up and dispose of trash.

\_\_\_\_\_ You are never to go anywhere alone or without permission. The coach or chaperone is to know your whereabouts at all times.

\_\_\_\_\_ Demonstrate good sportsmanship.

\_\_\_\_\_ Follow the time schedule. Always be punctual.

\_\_\_\_\_ During lunch practices, be focused and well behaved. Clean up after yourself.

*\* I have read the above items in the Code of Conduct and agree to comply with them.*

Signed: \_\_\_\_\_ (K-Bowl participant)

## ACTIVITY PERMISSION/EMERGENCY CONSENT FORM

I hereby give my permission for \_\_\_\_\_ DOB \_\_\_\_\_

who attends Camas School District to participate in the ASB Activity Knowledge Bowl, from October 2020 through to March 2021. There will be a combination of both home and away meets, if we return to school and the activity is cleared for that level of play, whereby students will be transported by Camas School District buses/vans to the meet sites.

Student responsible for their own meals (if necessary): YES  NO \_\_\_\_\_

### **A. Emergency Contact:**

Parent/Guardian name and daytime contact Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Student's Address \_\_\_\_\_

Healthcare Provider name/clinic \_\_\_\_\_ Phone# \_\_\_\_\_

### **B. Health Information:**

Briefly describe any health information, (such as diabetes, heart condition, asthma, epilepsy, physical restrictions, or allergies) along with any medication allergies (which could interfere with the student's safety in these activities or may be shared with medical personnel if emergency services are needed).

NONE \_\_\_\_\_

YES (explain) \_\_\_\_\_

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### **C. Medication Information:**

If a prescription medication is needed and not routinely given at school an *Authorization for Administration of Medication* form must be completed by your student's health care provider and yourself and returned to the school nurse before your student will be allowed to attend the field trip. This form can be printed off from the Camas School District website at <http://www.camas.wednet.edu/student-health-notice-and-forms/>

No, prescription medication is not needed for this activity \_\_\_\_\_ Yes, my student needs the following prescription medication:

\_\_\_\_\_

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip.

**Student Signature**

**Date** \_\_\_\_\_

#### **Informed Consent**

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my child, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

**Parent/Guardian**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attention Staff Member:** If a student has a health condition listed in section B or has checked that medication is needed in section C. **This form must be turned in to the school nurse for review 5 school days prior to the scheduled field trip.** If the necessary paperwork is not completed this student may not be allowed to attend the field trip.