

ATHLETIC PERMISSION AND HOLD HARMLESS

VOLUNTARY PARTICIPATION

(Name of Student) _____ has my permission to participate in the following voluntary extra-curricular activities (athletics) sponsored by _____

Basketball Volleyball Tackle Football Soccer Swimming Tennis

ACKNOWLEDGEMENT

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the school for course credit or for completion of graduation requirements. I also understand and acknowledge that my child must meet the minimum student behavior and performance requirements of the _____ School District in order to participate in practices, preparation and sporting events.

I also understand and acknowledge that participation in the above sport/s, by their very nature, pose the potential risk of serious injury to individuals who participate in such activities including, but not limited to the following:

Sprains/strains	Head and/or back injuries	Fractured bones	Paralysis
Cuts/abrasions	Loss of eyesight	Unconsciousness	Death

HOLD HARMLESS AGREEMENT:

I UNDERSTAND, ACKNOWLEDGE AND AGREE TO HOLD HARMLESS THE _____ SCHOOL DISTRICT, ITS BOARD OF TRUSTEES, OFFICERS, AGENTS AND EMPLOYEES INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL COSTS, LOSSES, CLAIMS, DEMANDS, SUITS, ACTIONS, PAYMENTS AND JUDGMENTS, INCLUDING LEGAL AND ATTORNEY FEES, ARISING FROM PERSONAL OR BODILY INJURIES, PROPERTY DAMAGE OR OTHERWISE, HOWEVER CAUSED, BROUGHT OR RECOVERED AGAINST ANY OF THE ABOVE THAT MAY ARISE FOR ANY REASON FROM OR DURING OR BE ALLEGED TO BE CAUSED BY THE ABOVE STUDENT'S PARTICIPATION IN THE ABOVE ATHLETIC EXTRA-CURRICULAR ATHLETIC ACTIVITIES

IMMUNITY: As provided for in California Education Code Section 35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion; and all adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.

RELEASE: This provision shall not limit, to any extent, the immunity from liability afforded the District under California Education Code Section 35330. I agree, on behalf of myself and my child whose name is set forth on this form, to release, discharge, hold harmless and indemnify the District, its officers, employees and agents from all liability or claims, which may arise out of or in connection with my child's participation in this field trip or excursion.

MEDICAL TREATMENT:

Health or special needs: Check as appropriate and attach instructions if applicable.

- My student has no special health needs the staff should be aware of, and no medication is required on the trip.
- My student has a special need, and instructions are attached. Number of attached pages: _____.
- My student has the following allergies:
- Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray exam, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary for my child in the best judgment of the attending physician.

I acknowledge that I have carefully read this Athletic Permission/ Hold Harmless form and that I understand and agree to its terms.

Parent/Legal Guardian Signature

Date

PROOF OF ACCIDENT/INJURY INSURANCE

Student Name _____
Last First Middle Initial

Address _____ Phone _____

Family Physician _____ Phone _____

Hospital _____

I do not wish to enroll my son/daughter in the student accident insurance plan offered by the School District.

1. My child is insured by _____
Insurance Carrier
2. Policy # or Group Plan # _____ provides at least \$10,000 insurance protection for medical and hospital expenses resulting from accidental bodily injuries incurred while participating in, practicing for, and traveling to and from athletic events. I shall maintain the above coverage during the school year and will notify the school if the coverage terminates or if the insurance carrier is changed.
3. To the best of my knowledge my child has no physical problems that would keep him/her from participating in this after school sports program.

I certify under penalty of perjury that the above information is true and correct.

Parent/Legal Guardian Signature Date

TRANSPORTATION

I understand that the _____ School District will, will not provide transportation to and from athletic events that are not held on the school site. I also understand that my child must be released to a parent upon return to the campus unless I have indicated that he/she has my specified permission to walk home.

PLEASE SIGN THE APPROPRIATE PART OF THE FORM BELOW WHICH SPECIFIES EITHER PERMISSION FOR YOUR CHILD TO WALK HOME, OR AGREEMENT THAT YOU WILL PICK THE CHILD UP PROMPTLY FROM OUR _____ CAMPUS AFTER PRACTICES OR GAMES. COACHES WILL KEEP PARENTS INFORMED ABOUT PRACTICE AND GAME ENDING TIMES.

My child: _____ has my permission to walk home from our junior high campus after practices and games.

OR

I agree to pick up my child _____ after practices or games promptly from our junior high campus. I understand that repeated late pick-ups may result in my child being dropped from the team.

Parent/Legal Guardian Signature Date