



PVPHS Athletic / Activity Packet 2012-13

(revised 10/15/2012)

YOU MUST COMPLETE THE APPROPRIATE FORMS IN ORDER TO PARTICIPATE IN A SPORT AND/OR ACTIVITIES GROUP.

NOVEMBER 1 - WINTER CLEARANCE BEGINS

- 1) Proceed to the HEALTH OFFICE if the clearance is for athletics or any non-sport activity that requires a physical on file.
- 3) Have the following paperwork with you:
 - a) Yellow card or clearance form (online in packet – pg 16) – **signed**
 - b) Participation Donation Letter – **signed** (pg 6)
 - c) Athletic/Activity Report – **signed** (pg 18)
 - d) Concussion form – if you are participating in a sport or activity that requires a PHYSICAL – **signed** (pg 20)
 - e) Athletic and Co-Curricular Code of Conduct (for both sports and non-sports) – **signed** (pg 21)
 - f) Waiver - FOR SPORTS AND NON-SPORTS – **signed** (pg 23)

PLEASE MAKE SURE ALL MANDATORY FORMS ARE COMPLETE BEFORE THEY ARE TURNED IN. IF YOU DO NOT HAVE THE PROPER FORMS OR REQUIRED INFORMATION AND SIGNATURES, YOU CANNOT COMPLETE CLEARANCE.

IF THIS IS YOUR SECOND OR MORE SPORT OR NON-SPORT

- 1) Proceed to the HEALTH OFFICE if the clearance is for athletics or any non-sport activity that requires a physical on file.
- 2) Have the following paperwork with you:
 - a) Yellow card or clearance form (online in packet – pg 16) – **signed**
 - b) Participation Donation Letter – **signed** (pg 6)
 - c) Concussion form – if not turned in previously if you are participating in a sport or activity that requires a PHYSICAL – **signed** (pg 20)
 - d) Waiver - FOR SPORTS AND NON-SPORTS – **signed** (pg 23)

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Page 7	Participation Donation Amounts	Make check payable to: <u>PVPU\$D</u>
Page 8	District Letter: Insurance Protection For Your Child	
Pages 9-15	Myers-Stevens Insurance for Students Without Insurance and Those Who Want Extra	Enrollment Form Pg 12-13
Page 16	Clearance Form (AKA Yellow Card)	Online form if Yellow Card not available - Signature; Mandatory—Pink Boxes

Page 17	Physical Examination Report (F-1223) (All Sports; Varsity Dance, Girls Choro, Marching Band, Color Guard, Pep Squad, Boys /Coed Choro, Winter Percussion)	Doctor's Signature (NO Chiropractor Signatures) MANDATORY FORM FOR ALL TRYOUTS
Page 18	Athletic / Activity Report (Please be sure to fill in the "Policy Number;" .)	Type in information highlighted in Yellow Signatures; Mandatory—Pink Boxes
Page 19-20	Concussion Information Sheet	Signatures; Mandatory , if physical is required for sport or non-sport— Pink Boxes
Page 21	CIF Code of Ethics – Athletes; PVPHS Athletic and Co-Curricular Code of Conduct	Signatures; Mandatory for SPORTS and NON-SPORTS—Pink Boxes
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PALOS VERDES PENINSULA HIGH SCHOOL

2012-13 ATHLETIC / ACTIVITY CLEARANCE INSTRUCTIONS (ONLINE)

1. "Clearance Card" (AKA Yellow Card) and School Health Insurance Brochure are included in the packet for your convenience. Yellow cards can also be picked up on the counter in the Hawthorne Office.
2. Fill out the "Auto Fill-In" Section on Page 5 if you are working on the electronic copy. Information will automatically be filled in at the fields they are connected with in the packet. PRINT forms needed – page 16 (clearance form, if no yellow card available), page 17 (physical form, if needed), pages 18, 20, and 21 or 23.
3. **FOR ATHLETIC TRYOUTS, PRINT the Physical Examination Report (page 17). Complete and show the coach/advisor at the tryouts. Return completed form to the Health Office or the Hawthorne Office for filing and clearance.**
4. Additional forms for **STUDENT INSURANCE** through Myers-Stevens are available in the Hawthorne Office or Student Store. (Pages 9-15 in packet online.)
5. **SPORTS SCHEDULES:** Want to check on Fall, Winter, or Springs Sports Schedules?
 - a. Go to <http://www.usatodayhss.com/school/peninsula-rolling-hills-estates-ca>
 - b. Current games will appear.
 - c. Scroll down and click on the team you are interested in seeing.

NOTE: Add this to your "Favorites" list, so you can go directly to this link.

6. **ELIGIBILITY:**

<i>WHO</i>	<i>ELIGIBLE</i>	<i>PROBATION</i>	<i>**INELIGIBLE**</i>
Athletes	C.I.F Rule - Pass 4 classes	NONE	<i>C.I.F. Rule - Pass less than 4 classes</i>
Athletes and Students	Maintain minimum 2.0 grade point average on quarter report card; no more than one "U" citizenship mark	First time – less than 2.0 grade average on quarter report card or 2 "U's"	<i>2 consecutive quarter report cards – less than 2.0 grade point average - 2 "U's"</i>

7. **PARTICIPATION DONATION:**

See pages 6-7 for information from the district and a list of participation donations. Make checks payable to: PVPUSD.

The fundraising goal, in order to continue to offer each sport/extra-curricular activity at the current level for the 2012-13 school year, is the amount listed multiplied by the number of students who participate in the sport/activity. These donations will be used to help fund the coaches/advisors' stipends, transportation costs, equipment, entry fees, and other expenses associated with the team and/or activity.

Donations are voluntary and students who choose not to make a participation donation or who make a donation in an amount different from that listed above will not be denied the right to participate or otherwise penalized in any way.

8. **ATHLETIC BOOSTER CLUB:**

THEY NEED YOUR SUPPORT. The Athletic Boosters buy uniforms and equipment for Panther Athletics and support our teams in many other ways. It is critically important during the budget crisis. Come to a meeting on the 2nd Tuesday of each month (usually in the Library). Most importantly, join the Athletic Booster Club:

- | | |
|--|--|
| Panther Booster - \$75-\$149 | Panther Silver Club - \$150-\$299 |
| Panther Gold Club - \$300-\$599 | Panther Platinum Club - \$600 & above |

9. **PRINT, SIGN, AND RETURN** the following forms:
- Either Yellow Card or Clearance Form online (**page 16**).
 - Physical Examination Report (F-1223) – completed by a doctor (**no chiropractors**) (**page 17**), if not already done, for sports or activities if physical required
 - Participation Donation Letter (**pg 6**)
 - Athletic/Activity Report (Ath/Act Rpt) (**page 18**)
 - CIF Code of Ethics – Athletes; PVPHS Athletic and Co-Curricular Code of Conduct. This form is for both sports and non-sports. (**page 21**)
 - Concussion Information Sheet, if your sport or activity requires a physical (**page 20**)
 - Sports or Non-Sport Waiver (F-603) (**page 23**)
 - Optional Form** – Volunteer Driver – For parents who carpool students other than their own (F-604a and F-604b) (**page 25 & page 26**)

10. **Processing Athletic / Activity Clearance Checklist:**

✓	<u>TO: OFFICE</u>	<u>FORM</u>	<u>SIGNATURES</u>	<u>1st SPORT/ACTIVITY</u> – submit	<u>2nd or MORE – SPORT/ACTIVITY</u> – submit
—	TO: Hawthorne Office or Online Athletic Packet	PICK UP Yellow Card and/or Insurance information – Fill out FRONT and BACK of Yellow Card OR Fill out Clearance Form Online (pg 16)	Yellow Card - Fill out card FRONT and BACK Parent / Guardian signs – front Clearance Form – Fill out form and Parent / Guardian signs	YES	Need Yellow Card or Clearance Form online for every sport / activity IMPORTANT
—	TO: Health Office – FIRST, if physical is required	Physical Form (pg 17)	Yellow card – every sport / specific groups	YES	NO - One Already on file
—	TO: Student Store	COMPLETED FROM HEALTH OFFICE (if physical is required) ATHLETIC /ACTIVITY REPORT (Insurance) (pg 18) PARTICIPATION DONATION LETTER (pg 6) CIF CODE OF ETHICS / PVPHS CODE OF CONDUCT – BOTH SPORTS AND NON-SPORTS (pg 21) CONCUSSION INFORMATION SHEET , if physical is required (pg 20). SPORTS OR NON-SPORT WAIVER (F-603) (pg 23) (This waiver allows: Parent will be driving student to or from an event, parent is allowing student to drive to and from an event (no others), off-site practice. Put activity / sport dates (examples: Football season; 2012-13 school year, Fall, etc., depending on your sport or activity) – the waiver will ONLY be good for that period of time.)	Yellow card – every sport / activity Parent and Student signatures on forms Yellow card – every sport / activity Parent and Student signatures on forms Yellow card – every sport / activity Parent and Student signatures on forms Yellow card – every sport / activity Parent and Student signatures on forms	YES YES YES YES YES, if physical required YES	Need Yellow Card for every sport / activity NO - One already on file YES NO - One already on file YES – if not turned in previously. Need one on file. NO – if one is on file. YES

		OPTIONAL: VOLUNTEER DRIVER FORM – Parent will be carpooling other students besides their own.	Parent Signature	OPTIONAL	OPTIONAL
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NOTE: Print out page 4 as a reference for the distribution of forms during the regular school year. This page is not turned in.

AUTO FILL-IN INFORMATION

(NOTE: if using a computer only)

(This Page is not turned in. It is for reference purposes only.)

NOTE: Information entered in the fields below will automatically be entered on every form in the packet that uses these fields if you are using your computer. Filling out this data can save a significant amount of time.

You will need to type information in the **GREEN** highlighted areas below.

You will need to sign at the **PINK BOX** areas in the documents that need to be turned in.

You will need to type in information in the **YELLOW** highlighted areas in the documents to be turned in.

Student Last Name	
Student First Name	
Grade	
Gender (male/ female)	
Date of Birth	
Street Address	
City	
State	
Zip	

Home Telephone Number	
School of Attendance	
Parent/ Guardian Name	
Medical Insurance Co.	
Medical Policy #	
Current Sport/ Activity	
Today's Date	



Palos Verdes Peninsula Unified School District

August 2012

Dear PVPUSD Families:

Our school district continues to struggle with how to prepare for another budget cut from the State. All District and site administrators agree that core academic programs must be protected. At the high school level, this means keeping class sizes as small as possible while still offering quality instructional programs and services to our students.

In an effort to save as many teacher and counselor jobs as possible, Palos Verdes Peninsula Unified School District (PVPUSD) reduced the level of funding in the area of athletics and extra-curricular programs at each high school. In order to try to keep these important programs in place at current levels, it will be necessary for the District to rely on private donations to fund many of the costs. Both Palos Verdes and Palos Verdes Peninsula High schools are encouraging the families of students who participate in athletic and extra-curricular activities to make donations to support the programs from which their children derive so many benefits. **Parent donations, though not required, are our single most important source of funding.** The hope is that such "participation donations" will be able to fill the funding gap caused by the necessary reduction in District funding of these programs in order to allow all such programs to continue unchanged for the 2012-13 school year. If we are unable to raise sufficient funds, reduction or even elimination of the programs will be considered.

Athletic participation donations will help fund equipment, bus transportation, coaching stipends, tournament entry fees, officials, security, athletic trainer expenses, and other expenses. The extra-curricular participation donation funding will help fund the stipends for the advisor(s) and/or bus transportation and other expenses.

In reality, if there are not enough participation donations for a specific sport or extra-curricular activity, there will be cuts, including fewer teams, programs, coaches, buses, tournaments, concerts, competitions, etc.

Because various sports and other extra-curricular activities involve different costs, Palos Verdes and Palos Verdes Peninsula High schools have considered the costs associated with each activity to determine the donations necessary to ensure that each sport/activity will be able to continue at current levels for the 2012-13 school year. These amounts are a set figure per sport/activity multiplied by the number of students who participate in the sport/activity. The per participant amount for each sport is the same at both high schools, though due to differences in the programs offered, funding sources, and the number of student participants and advisors, the amount for a small number of other extra-curricular activities varies between the two schools. These amounts are enclosed for your information.

Donations are purely voluntary and no student will be denied access to or participation in any sport or extra-curricular activity, or penalized in any way, based on whether or not his/her family chooses to make a donation or the amount of any such donation.

Please make checks payable to PVPUSD and turn them in to the Student Store. The coach or advisor for each specific sport and/or extra-curricular activity will provide more specific information regarding the timing by which donations need to be made in order for the District and the high schools to make final decisions about each particular activity.

Please keep in mind, if sufficient funds are not raised, your children will be most directly affected. We strongly urge each family to make a donation. Thank you for your continued support of the Palos Verdes Peninsula Unified School District!

Mitzi Cress, Principal
Palos Verdes Peninsula High School

Nick Stephany, Ed.D., Principal
Palos Verdes High School

Parent Signature:

Date:

Student Signature:

Date:

SPORT OR ACTIVITY: _____

**MALAGA COVE
ADMINISTRATION
CENTER**

375 Via Almar
Palos Verdes Estates
California 90274-1277
(310) 378-9966
www.ovpusd.k12.ca.us

Walker Williams
Superintendent of Schools

Board of Education

Barbara Lucky
President

Larry Vanden Bos
Vice President

Anthony Collatos
Clerk

Erin G. LaMonte
Member

Malcolm S. Sharp
Member

Department Extensions
and FAX Numbers

Superintendent, x 404
(310) 378-0732 (FAX)

Business Services, x 418
(310) 791-1306 (FAX)

Curriculum and Instruction, x 163
(310) 791-2919 (FAX)

Human Resources, x 417
(310) 791-2948 (FAX)

Pupil Services, x 551
(310) 378-1971 (FAX)

PVPHS Participation Donation Amounts**

2012-2013

The fundraising goal in order to continue to offer each sport/extra-curricular activity at the current level for the 2012-13 school year is the amount listed multiplied by the number of students who participate in the sport/activity. These donations will be used to help fund the coaches/advisors' stipends, transportation costs, equipment, entry fees, and other expenses associated with the team and/or activity.

<u>ATHLETICS</u>	
\$575	Football Boys & Girls Basketball Baseball Softball
\$475	Wrestling
\$450	Boys & Girls Volleyball Boys & Girls Water Polo
\$400	Boys & Girls Golf Boys & Girls Tennis Boys & Girls Soccer Boys & Girls Lacrosse Boys & Girls Swimming
\$350	Boys & Girls Track & Field
\$300	Boys & Girls Cross Country
\$150	Surf

<u>EXTRA-CURRICULAR ACTIVITIES</u>	
\$350	Pep Squad (Song & Cheer) Varsity Dance Choreo Dance (H. Horn) Academic Decathlon
\$200	Drama 1 Advanced Drama 2 Drama 3 Advanced Drama 4 Advanced
\$200	ASB MUN AVID
\$175	Marching Band/ Concert Band Color Guard Jazz Band Winter Percussion / Drum Line Orchestra Chamber Jazz Choral (Varsity Voices) Women's Choir
\$150	Speech & Debate
\$100	Choreo Dance (Hendrick) Intermediate Dance Advanced Dance Science Research Science Bowl Science Olympiad Newspaper (Journalism 2, Journalism 3, & Journalism 4) Yearbook Math Club Robotics Cyberpatriot Solar Boat Web Page Literary Magazine

**** These figures include transportation for teams/groups that travel.**

Donations are voluntary and students who choose not to make a participation donation or who make a donation in an amount different from that listed above will not be denied the right to participate or otherwise penalized in any way.



Palos Verdes Peninsula Unified School District

September, 2012

MALAGA COVE
ADMINISTRATION
CENTER

375 Via Almar
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California 90274-1277
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(310) 378-1971 (FAX)

Dear Parent:

REFERENCE: INSURANCE PROTECTION FOR YOUR CHILD
EXTRA-CURRICULAR ACTIVITIES AND SPORTS

The Palos Verdes Peninsula Unified School District takes appropriate steps to protect your child from injuries. Even so, accidents can and do happen while participating in activities that take place on campus, on school trips and during extra-curricular activities and sports.

Students participating in interscholastic sports including spring football training are required by state law to have medical insurance.

Some students may qualify to enroll in no-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: (a) Medi-Cal – 1-800-541-5555, (b) Medicare – 1-800-Medicare, or (c) Healthy Families Program – 1-800-880-5305.

Since the Palos Verdes Peninsula Unified School District does not provide accident medical insurance for school-related injuries, it makes available a variety of affordable insurance plans to help you in the event of an accident and urges you to purchase the plan that best fits your needs.

Carefully read the brochure on medical insurance options. There are three levels of benefits available. The "High Option" level of benefits is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "School-Time", "Tackle Football" or "Full-Time (24/7)" basis.

IMPORTANT: You are urged to consider the Student Health Care Plan, which provides the broadest scope of coverage. One that covers illnesses and accidents, 24-hours a day, including all sports except high school tackle football.

Complete the application, enclose payment and follow the instructions on the brochure. Keep this brochure in a safe place in case your child gets hurt. An ID Card verifying coverage will be mailed to your home.

If you have questions or need help with your application, please call the plan administrator, **Myers-Stevens & Toohey & Co., Inc., at (800) 827-4695 or (949) 348-0656.**

Sincerely,

Walker Williams
Superintendent of Schools

WW/LC/lid

2012-2013 School Year

Are you feeling the effects of the economy?

Here's your opportunity for affordable coverage to protect your most valuable asset — your child!



Accident & Sickness Insurance Program Student Coverage

Children have Accidents. Treatment can be expensive — sometimes, very expensive. That's why your School, and 1000's of others, are making affordable insurance coverage available for you and your child as described within. These plans can help you prepare for those emergencies that life throws at us all.

You have choices. Coverage can be for "School-related Injuries" only or you can protect your child 24/7 with either the Full-Time Accident Plan or our optimum Student Accident & Sickness Plan. There's a Dental Accident Plan and even an option for your entire family's Prescription Drug needs. Even if you have other coverage, our plans can help "fill the gaps". Enroll today and protect your most valuable asset, your child!

You are completely free to see any licensed medical provider. However, you will also have access to an extensive network of doctors and hospitals that discount their fees — this can reduce your out-of-pocket expense even more. Your enrollment form is attached. Call us if you need help or have questions.

Are your kids protected?

Enrollment is Easy!

Checks, Money Orders and Credit Cards accepted.



Sponsored by:



PB-0508

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Determine the Plan(s) you want to purchase

You may go to the doctor or hospital of your choice.

Student Accident & Sickness Plan Our Best Coverage!

Students (age 4-22) may enroll in this plan. Covers Injuries sustained and Sickness (subject to the Pre-existing Conditions Limitation) anywhere in the world, 24 hours a day, while your student is insured under this School Year's plan (including interscholastic sports, except high school tackle football). Repatriation and Medevac benefits are included. This plan does not cover routine or preventative care.

Benefits are payable according to the "Description of Benefits" up to \$50,000 per Covered Sickness and \$200,000 per Covered Accident.

1st payment: \$160.00

*(Covers remainder of month in which you enroll and 1 additional month)
Subsequent Payments: \$140.00 a month, billed every 2 months*

Coverage begins at 11:59 p.m. on the day Myers-Stevens & Toohey & Co., Inc. (herein called "The Company") receives the completed enrollment form and premium. **Coverage ends at 11:59 p.m. on** the last day of the month for which payment has been made. Coverage may be continued for up to 12 calendar months, or through Sept. 30, 2013, whichever comes first, provided the required payments are made.

There is a \$50 deductible per covered Accident or covered Sickness if enrolling prior to December 1, 2012. If enrolling on or after December 1, the deductible per Sickness is increased to \$500 unless enrollment occurs within: 1) 30 days of student's transfer into a participating School; or 2) 30 days of loss of prior sickness coverage; or 3) 5 days of participation in the first official day of practice for any interscholastic sport. **Enroll Early!**

Interscholastic Tackle Football Accident Plans

Students (grades 9-12) may enroll in these plans. Covers Injuries caused by covered accidents occurring:

- While practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league
- While traveling for football in a School Vehicle or traveling directly and without interruption between School and off-campus site for such activities provided travel is arranged by and is at the direction of the School

Coverage begins at 11:59 p.m. on the day the Company receives the completed enrollment form and premium. **Coverage ends at 11:59 p.m. on** the closing date of regular classes for the 2012-2013 School Year.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$312	\$295	\$235

Full-Time 24/7 Accident Plans

Students (grades P-12 and school employees) may enroll in these plans. Covers Injuries caused by covered Accidents occurring 24 hours a day, anywhere in the world and while participating in all interscholastic sports except high school tackle football.

Coverage begins at 11:59 p.m. on the day the Company receives the completed enrollment form and premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2013-2014 School Year.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$290	\$276	\$225

School-Time Accident Plans

Students (grades P-12) may enroll in these plans. Covers Injuries caused by covered Accidents occurring:

- On School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while continuously on the School premises
- While participating in or attending School-sponsored and directly supervised activities including interscholastic athletic activities and non-contact spring football (except interscholastic high school tackle football)
- While traveling directly and without interruption to or from residence and School for regular attendance; or School and off campus site to participate in School-sponsored and directly supervised activities, provided travel is arranged by and is at the direction of the School; and while traveling in School Vehicles at any time.

Coverage begins at 11:59 p.m. on the day the Company receives the completed enrollment form and premium. **Coverage ends at 11:59 p.m. on** the closing date of regular classes for the 2012-2013 School Year.

Benefit Levels:	High	Mid	Low
Rates per School Year:	\$73	\$68	\$53

Dental Accident Plan (\$150,000 Maximum)

Students (grades P-12) may enroll in these plans. Covers Injuries to teeth caused by covered Accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.

Benefits are payable at 100% of the Usual, Reasonable and Customary charges for Treatment of Injured teeth, including repair or replacement of existing caps or crowns. We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.

The coverage provides a "Benefit Period" of Accident dental benefits for up to one year from the date of first Treatment. The benefit period for an Injury may be extended each year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of Injury that further Treatment will be deferred to a later date.

Coverage begins at 11:59 p.m. on the day the Company receives the completed enrollment form and premium. **Coverage ends at 12:01 a.m. on** the date School begins regularly scheduled classes for the 2013-2014 School Year.

**\$22.00 purchased separately
\$18.00 when added to any plan(s) purchased**

Pharmacy SmartCard

Enroll today and receive savings of 10% - 70% on prescription drugs available at local pharmacies! **Anyone, at any age, may enroll!** SmartCard services are provided through NPS.

The SmartCard is not an insurance product and is not insured by BCS Insurance Company. For more information on NPS, log on to www.pti-nps.com or call **800-546-5677**.

An ID card will be sent separately by NPS after your payment has been processed.

In order to receive discounts, you must present your ID card to the pharmacy each time you need a prescription for you or your family.

\$36.00 for entire family, for one full year!

Determine the benefit level that best fits your needs

We urge you to consider the Student Accident & Sickness Plan or the High Option plans, especially if your child has no other insurance. Call us at 800-827-4695 for help.

Description of Benefits

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

We will pay benefits only for Covered Injuries sustained or Covered Sickness (subject to the Pre-existing Conditions Limitation) while insured under this School Year's plan. Benefits payable will be based on the Usual, Reasonable and Customary Charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. Applicable benefits mandated by the state of residence will be included in the covered expenses. You may take your child to any provider you choose; however, seeking treatment through a Beech Street contracted provider may reduce your out-of-pocket costs.

To find participating Beech Street medical providers nearest you, call 800-877-1666 or log on to www.beechstreet.com

Covered Benefit Levels	Low Option	Mid Option	High Option	Student Accident & Sickness Plan
Plan Name	MAXIMUMS PER ACCIDENT			
Tackle Football Accident Plan	\$25,000	\$50,000	\$75,000	\$50,000 Maximum per Sickness \$200,000 Maximum per Accident
Full-Time 24/7 Accident Plan	\$50,000	\$100,000	\$150,000	
School-Time Accident Plan	\$25,000	\$50,000	\$75,000	
Deductible - per condition	\$250	\$100	\$50	\$50/\$500*
Covered Expenses	BENEFIT MAXIMUMS			BENEFIT MAXIMUMS
Hospital Room & Board - Semi Private Room Rate	80%	80%	90%	80%
Inpatient Hospital Miscellaneous Charges	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	80% to \$4,000/Day
Intensive Care Unit	80% to \$2,000/Day	80% to \$2,500/Day	90% to \$3,000/Day	80%
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	80%	80%	90%	80%
Outpatient Surgical (room & supplies)	80% to \$2,000	80% to \$2,500	90% to \$5,000	80% to \$4,000
Physician Non-Surgical Treatment & Exam (excluding Physical Therapy) Including consultation (when referred by attending Physician)	80%	80%	90%	80%
Surgeon Services	80%	80%	90%	80%
Assistant Surgeon Services	80%	80%	90%	80%
Anesthesiologist Services	80%	80%	90%	80%
Physiotherapy (includes related office visits) when prescribed by a Physician	80% to \$400	80% to \$750	90% to \$1,000	80% to \$2,000
X-Ray Examinations (including reading)	80% to \$400	80% to \$750	90% to \$1,000	80%
Diagnostic Imaging MRI, Cat Scan	80%	80%	90%	80%
Ambulance (from site of an emergency directly to hospital)	80%	80%	90%	80%
Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces	80%	80%	90%	80%
Durable Medical Equipment	80% to \$400	80% to \$750	90% to \$1,000	80% to \$1,000
Out-Patient Prescription Drugs (for Injuries only)	80%	80%	90%	80%
Dental Services (including dental x-rays) for Treatment due to a covered Accident	80%	80%	90%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical Treatment)	\$300	\$300	\$300	80%
Medical Evacuation & Repatriation	\$0	\$0	\$0	100% to \$10,000

**If enrolling on or after Dec. 1, deductible per Sickness is increased to \$500. See Student Accident & Sickness description at left for exceptions.*

Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling

(Applies to all plans except the Dental Accident Plan and Pharmacy SmartCard)

In addition to medical benefits, if, within 365 days from the date of Accident covered by the policy, bodily injuries result in any of the following losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one Accident.

• Accidental Death	\$10,000
• Single dismemberment or entire loss of sight in one eye	\$20,000
• Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia	\$30,000
Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual, Customary and Reasonable costs of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to	\$ 5,000

Premiums Cannot Be Refunded Or Converted

CA-PND MB 640 04/12

In Case of Accident or Sickness

1. Report School-related Injuries within 72 hours to the School office. To find a Beech Street provider nearest you, call 800-877-1666 or log on to www.beechstreet.com.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first Treatment.
3. At the same time, please file a claim with your other family sickness and/or Accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



Myers-Stevens & Toohy & Co., Inc.

26101 Marguerite Parkway
Mission Viejo, CA 92692-3203
949-348-0656 or 800-827-4695
Fax 949-348-2630
CA License #0425842

The Insurance Company

(Does not apply to the SmartCard)



BCS Insurance Company
Oakbrook Terrace, Illinois

Rated A- (Excellent) by A. M. Best,
an independent insurance company rating agency
Master Policy form # 28.203

This brochure contains a brief description of the benefits available. Complete details may be found in the Policies on file at your School or district office. Certain provisions may be different if required by state law. Please keep this information as a reference.

Policyholder: Family Insurance Trust,
Situated in District of Columbia

Exclusions

Benefits are not payable for any of the following or loss that results from them:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, declared or undeclared.
3. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony or violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
5. Injury or Sickness contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports. (Does not apply to the Dental Accident Plan.)
7. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law including, but not limited to group, group type, and individual automobile "No Fault" coverage (excluding School Vehicle coverage).
8. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School, or by any member of the Covered Person's immediate family; or for which no charge is normally made.
9. Mental or nervous disorders (except as specifically provided by the Policy).
10. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the Accidental ingestion of contaminated substances). (Does not apply to the Sickness-Only Coverage under the Student Accident & Sickness Plan.)
11. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
12. Injury sustained as a result of riding in or on, entering or alighting from, a two or three wheeled Motor Vehicle. (Does not apply to the Dental Accident Plan.)
13. Treatment of osteomyelitis, pathological fractures or detached retina (unless directly caused by an Injury). (Does not apply to the Sickness-Only Coverage under the Student Accident & Sickness Plan.)
14. Any expenses related to the Treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
15. Any expenses related to the Treatment of hernia.
16. Benefits are not payable under the Student Accident & Sickness Plan for a Sickness that is a "Pre-existing Condition" (a condition for which the Covered Person received medical Treatment, care or advice within 6 months before being insured under the Policy). This exclusion does not apply: (1) after the Covered Person has been insured under the Policy for 6 straight months; or (2) if the Covered Person was covered under prior Creditable Coverage for 6 consecutive months immediately preceding his or her effective date of coverage under the Policy. Prior Creditable Coverage of less than 6 months will be credited toward satisfying the Pre-existing Conditions Limitation provided the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.

Requirements and Limitations

Aggravations of injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a Motor Vehicle are limited to a \$5,000 maximum benefit (up to \$10,000 if vehicle is a School Vehicle). Some Motor Vehicle injuries are not covered - see exclusions above for details. School-time and high school tackle football injuries must be reported to the School within 72 hours of the date of Injury. The first Physician's visit must be within 120 days after the Accident occurs. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit us from providing insurance, including but not limited to, the payment of claims. A claim form must be filed with Myers-Stevens & Toohey & Co., Inc. within 90 days after the date of loss. The plan pays for covered expenses incurred within up to a year from the date of the first Physician's visit. However, should the Injury sustained require the removal of surgical pins, continued Treatment for serious burns, or Treatment of a non-union or mal-union fracture, the benefit period will be extended to 104 weeks. Each covered condition may be subject to a deductible - see plan details.

Definitions

An **Accident** is defined as a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in Injury or loss covered by this Policy. An **Injury** is defined as Accidental bodily harm sustained by the Covered Person that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. **Medically Necessary** is defined as the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the Company, are: (1) consistent with the symptoms or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Insured Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** is defined as illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness.

Non-Duplication of Benefits (Excess Provision):

In order to keep premiums as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount.

IMPORTANT NOTICE: If your child qualifies for Medicare, you must obtain a Medicare disclosure notice prior to applying for this insurance. Please contact our office for a copy of this notice.

Premiums Cannot be Refunded or Converted

*For a brochure in Spanish, or for assistance in Spanish, please call 800-827-4695
Para un folleto en Español, o para asistencia en Español, por favor llame a 800-827-4695*



HIGH SCHOOL SPORT / ACTIVITY CLEARANCE

Sport/Activity _____

Coach/Advisor _____

Level (V/JV/10/9) _____

PRINT NAME _____

(use ink)

LAST

FIRST

MIDDLE

Grade _____ Birthdate _____ Age _____ Student Cell # _____

Student Email _____

**** I hereby give my permission for the administration of emergency first aid to the above student and approval for his/her participation in the above sport/activity. ****

PRINT NAME - PARENT/GUARDIAN _____

SIGNATURE - PARENT/GUARDIAN _____

DATE SIGNED _____

CLEARANCE PROCEDURE:

Health Office (Physical Form) _____
Physical Expires _____ Initials _____ Date Signed _____

Student Store (Insurance, Code of Conduct, Waiver (F-603),
Signed Participation Donation Letter, Voluntary Participation
Donation) _____
Initials _____ Date Signed _____

Athletic Office - Final Clearance _____
Initials _____ Date Signed _____

NOTE: A new card must be completed for each sport or activity. Student may not participate until this card has been completed and turned in.

EMERGENCY INFORMATION ON BACK

PARENTS: This information is necessary in the event injury occurs while away from school or outside regular school hours. Please be as specific as possible.

Student Full Name _____

Home Address _____

Mother / Father Name(s) _____

Parent Email _____

Where Mother may be reached - Home Phone _____ Wk # _____ Cell # _____

Where Father may be reached - Home Phone _____ Wk # _____ Cell # _____

Contact if neither Mother nor Father can be reached - Name _____

Contact Phone _____ Work # _____ Cell # _____

Doctor _____ Phone _____

Hospital _____ Phone _____

CHECK ONE: SCHOOL INSURANCE PRIVATE INSURANCE _____

Name - Insurance Company

History or Allergies, Injuries, Heart, or Other Medical Problems: _____

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Health Services



PHYSICAL EXAMINATION REPORT

Student's Name _____ Birthdate _____

Student's Grade _____

A physical examination of this student was performed on (**Date**) _____.

He/she is physically fit to participate in all athletics.*

Date _____

Physician's Signature _____

VALID ONLY WITH PHYSICIAN'S STAMP

Telephone: _____

* California Interscholastic Federation (CIF) policy 308 states . . . "schools will require that a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics. . . . The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition..."

PVPUSD accepts physical examination reports from a M.D., D.O., Physicians' Assistant, and Nurse practitioner with a MD's stamp.



Athletic/Activity Report

(Forgery of these forms will result in disciplinary action by the Associate Principal)

Sport/Activity

1. _____
2. _____
3. _____

 Last Name (print) First Name (print) Grade Boy/Girl Sport

 Address City/Zip Code Home Telephone Number

Age Birthdate Month and year started ninth grade

 Did you **transfer** from another **high school**? If so, what date? List name, city, and state of the high school that you **transferred** from.

Insurance Requirements

California Law (*Education Code* §§ 32220-32224) requires every member of an athletic team to have at least \$1,500 medical and hospital coverage.

I ALREADY HAVE INSURANCE for my son/daughter which meets the requirements of California Law. The name of my insurance company is _____ and the policy number is _____. I will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

School Insurance

Myers/Stevens Insurance Company

I am purchasing Myers/Stevens insurance and returning the Myers/Stevens envelope with the Athletic Packet so the school can send it to the company. I am purchasing the following coverage: (check the appropriate coverage.)

- | | | | | | | | |
|---|--------------------|-----|------|-----------------|-----|-----|------|
| _____ Tackle Football (covers only tackle football) | _____ School Time | Low | Med | High | | | |
| _____ Full Time | Low | Med | High | _____ Full Time | Low | Med | High |
| _____ Student Health Care Payment Plan | _____ Extra Dental | | | | | | |

Athletic Commitments and Responsibilities

I have read and understand the following sections of the Athletic Packet:

- Academic Eligibility Standards
- Athletic/Activity Code of Conduct
- District Letter Regarding Insurance Coverage
- Code of Ethics - Athletes
- Emergency Card
- Physical Form
- Student Insurance
- Participation Donation Letter
- Medical Treatment Authorization-Waiver, Release, and Indemnity Agreement

 Signature of Parent/Guardian Signature of Student Date

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”



and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed	 Student-athlete Signature	Date
Parent or Legal Guardian Printed	 Parent or Legal Guardian Signature	Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010



PALOS VERDES PENINSULA HIGH SCHOOL

ATHLETIC AND CO-CURRICULAR CODE OF CONDUCT

Students and parents shall be informed that a student who competes in athletics or extra and co-curricular activities is held to specific standards of conduct and citizenship. These standards apply throughout the school year. When students and parents sign and return the Code of Conduct, they are indicating that they understand the Code and the consequences that will follow if it is violated.

VIOLATIONS OF THE CODE

- A. Violations involving drugs, alcohol, and/or drug paraphernalia will result in a school suspension and six-week co-curricular suspension from athletics and all other school activities. The student will also be required to attend six class sessions in "The Outlook Program," which is an educational approach to substance abuse.
- B. Any Category 1 or 2 violation of the "The Safe School Policy" may require removal of the student from Peninsula High School and/or referral to law enforcement.



10932 Pine Street
Los Alamitos, California 90720

Telephone: 562-493-9500
Fax: 562-493-6266

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the PV Peninsula High School - PVPUSD (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office. (Revised 7/08)

As a participant in athletics or extra-curricular activities, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for fellow students, teachers, school staff, teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of teachers, school staff, and game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field, including extra-curricular activities.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played and of extra-curricular activities.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use and/or possession of alcohol, tobacco, prescription drugs, non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic and academic rules and regulations as they pertain to eligibility and sports or extra-curricular participation.
11. Win with character, lose with dignity.

DATED: _____



Parent / Caregiver Signature



Student / Athlete Signature



Palos Verdes Peninsula Unified School District

MALAGA COVE
ADMINISTRATION
CENTER

375 Via Almar
Palos Verdes Estates
California 90274-1277
(310) 378-9966
www.pvpusd.k12.ca.us

Walker Williams
Superintendent
of Schools

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Larry Vander Bos
Vice President

Anthony Collatos
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Member

Malcolm S. Sharp
Member

Department Extensions
and FAX Numbers

Superintendent, x 404
(310) 378-0732 (FAX)

Business Services, x 418
(310) 791-1306 (FAX)

Curriculum and Instruction, x 163
(310) 791-2919 (FAX)

Human Resources, x 417
(310) 791-2948 (FAX)

Pupil Services, x 551
(310) 378-1971 (FAX)

July 20, 2012

TO: Parents / Guardians / Students

FROM: Lydia Cano
Deputy Superintendent, Business Services

REFERENCE: Students Driving Personal Vehicles – Voluntary
Sports or Non-Sports Program

When a student uses his/her own vehicle for a voluntary sports program, please note the following information:

- The student/parent assumes responsibility for arranging and providing transportation for the trips(s).
- You are required to sign a waiver form confirming that the Palos Verdes Peninsula Unified School District (District) is not responsible for any portion of the transportation phase.
- A new form is to be signed and filed with the school at the beginning of every school year.
- The school will not provide a route map or travel directions to the student or designate caravan routes.
- The school will not provide any supervision during any phase of the transportation process.
- The District does not provide any type of insurance including general liability, automobile liability, collision, comprehensive or medical coverage during any phase of the transportation process.

Thank you.

LC/ld

attachment (F-603)

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
 MEDICAL TREATMENT AUTHORIZATION
 WAIVER, RELEASE AND INDEMNITY AGREEMENT
 ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY SPORTS OR NON-SPORTS PROGRAM**

Participant: _____

Description of Activity: _____ Name of School: _____

Date(s) of Activity: _____

Transportation provided by District Transportation is parent responsibility

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that this activity is voluntary as part of the PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT (District) sports or non-sports program. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent has complete and sole responsibility for all transportation arrangements. I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

Health or special needs: Check as appropriate.

<input type="checkbox"/>	Participant has no special health needs the staff should be aware of, and no medication is required.
<input type="checkbox"/>	Participant has a special need, and instructions are attached. Number of attached pages: _____.
<input type="checkbox"/>	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

 Parent/Guardian Signature

 Participant Signature

 Date

 Parent/Guardian Name (Please Print)

 Phone Number

 Health Plan

 Street Address City State Zip Code

Plan # _____



Palos Verdes Peninsula Unified School District

MALAGA COVE
ADMINISTRATION
CENTER

July 20, 2012

TO: Parents / Guardians / Students

FROM: Lydia Cano
Deputy Superintendent, Business Services

REFERENCE: Parent Volunteer Drivers

375 Via Almar
Palos Verdes Estates
California 90274-1277
(310) 378-9966
www.pvpusd.k12.ca.us

Walker Williams
Superintendent
of Schools

Throughout the school year, you may wish to be a parent volunteer driver (an individual who renders driving services without receiving remuneration of any kind) for Palos Verdes Peninsula Unified School District (District) event(s).

To be an authorized driver, the District is requiring that two forms (attached) be completed.

1. Form F-604 (a) Participation of District Volunteer in Field Trip Activity Assumption of Risk and Medical Treatment Authorization.
2. Form F-604 (b) Volunteer Driver Information. The District will submit this form to the Department of Motor Vehicles to obtain your motor vehicle records.

These forms when completed and signed **must** be returned to the Principal **ten (10) working days** prior to driving to your first event and will be in effect for the entire 2012-13 school year.

Thank you.

CA/ld

attachments – F604 (a) and (b)

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Member

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(310) 378-1971 (FAX)

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP ACTIVITY
ASSUMPTION OF RISK AND
MEDICAL TREATMENT AUTHORIZATION

Name: _____

Destination/Nature of Activity: _____
(Please be specific, e.g., Attend concert at UCLA.)

Purpose of Your Attendance: _____
(Chaperone, etc.)

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Method of Transportation: School Bus/Vehicle Walking Other: _____

As provided for in California Education Code Section 35330, I agree to hold the Palos Verdes Peninsula Unified School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages that arise solely out of the negligence of employees or agents of the District.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, emergency transportation and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature Date

Address: Number Street Work , , _____
Home , , _____

City State Zip Code

Health Insurance Company: _____ Policy Number: _____
(e.g., Kaiser)

In the event of illness or accident, please notify:
Name: _____ Relationship: _____
Address: Number Street Work Phone , , _____
City State Zip Code Home Phone , , _____

If there are any special medical instructions, kindly attach an explanation to this sheet.

