

**SPORTS PERMISSION SLIP / MEDICAL AUTHORIZATION**

\_\_\_\_\_ School Student: \_\_\_\_\_  
(Name)

\_\_\_\_\_ School District  
(Name)

I give permission for my child to participate in the following activity:

Activity: \_\_\_\_\_

Season: \_\_\_\_\_

**INSURANCE INFORMATION**

In order to participate in any sporting activity as a member of an extramural athletic team on or outside the school grounds, your child must have insurance protection.

- I have insurance for my child.  
Insurance Carrier: \_\_\_\_\_  
Policy No.: \_\_\_\_\_
- I will arrange to purchase student accident insurance as a second choice.

**PERMISSION TO TRANSPORT STUDENT**

I hereby give permission for the district to transport my child to and from the sports activity, including practice and competition, as may be necessary. I understand the transportation may be by schools bus, charter bus, school van or private vehicle.

**MEDICAL AUTHORIZATION**

In the event of a medical emergency and if I/we cannot be reached, I authorize the School District and its employees to consent to any medical treatment, examination, or tests necessary for the care of this child.

	<u>Contact Persons</u>	<u>Daytime Phone Number</u>	<u>Nighttime Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

**FORM NO. PS-100E (side 2)**

\_\_\_\_\_ **SCHOOL DISTRICT**

**VOLUNTARY ACTIVITIES PARTICIPATION  
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, \_\_\_\_\_ to participate in the District sponsored activity(ies) of \_\_\_\_\_ .

- I understand and acknowledge that these activities have inherent risk of injury/illness to individuals who participate in such activities.
- I understand and acknowledge that participation in these activities is voluntary and is not required by the District.
- I understand and acknowledge that by participating in the activity(ies), I and my son/daughter are assuming responsibility for the inherent risks associated with participation in such activity(ies).
- I understand and acknowledge that the district, its employees, officers, or agents are not responsible for any injury/illness which results from a risk inherent to the activity(ies), and which is incident to and/or associated with preparing for and/or participating in the activity(ies).
- I understand that the law states in California Education Code Section 35330, that the district, its officers, agents and employees are held harmless from liability or claims which may arise out of or in connection with my child's participation in this activity.

I acknowledge that I have carefully read both sides of this VOLUNTARY ACTIVITIES PARTICIPATION form and that I understand its terms.

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION form must be on file with the district before a student will be allowed to participate in the above extra-curricular activities.