



# Fremont Union High School District

## Athletic/Activity Participation Authorization & Emergency Form (Required)

Student ID# \_\_\_\_\_

School:	<input type="text"/>	School Year:	<input type="text"/>	Sports/Activities Trying Out for:	<input type="text"/>	
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	M.I.:	<input type="text"/>	
Grade:	<input type="text"/>	Home Ph:	<input type="text"/>	Parents'/Guardians Names:	<input type="text"/>	
Home Address:	<input type="text"/>		City:	<input type="text"/>	Zip:	<input type="text"/>
Father's Cell Ph:	<input type="text"/>	Father's Work Ph:	<input type="text"/>	Father's E-mail:	<input type="text"/>	
Mother's Cell Ph:	<input type="text"/>	Mother's Work Ph:	<input type="text"/>	Mother's E-mail:	<input type="text"/>	
Name of other Emergency Contact:	<input type="text"/>		Emergency Contact Phone:	<input type="text"/>		
Special Medical Conditions:	<input type="text"/>					

### **INFORMED CONSENT & SPORTS INJURY RISK WARNING STATEMENT**

By its very nature, competitive athletics can put students in situations in which serious, catastrophic, and perhaps fatal accidents could occur. By granting permission to your son/daughter to participate in athletic competition, a parent/guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers and risks of playing or practicing include but are not limited to: death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well-being. However, it is impossible to totally eliminate such incidents from occurring.

Because of the dangers of participating in sports, players may reduce the chance of injury by following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc., both in competition and practice and agree to obey such instructions. Damaged equipment must be reported immediately. Even if all these requirements are met and even if the athlete is using excellent protective equipment, we understand that a serious, maybe even a fatal accident may occur.

### **INSURANCE REQUIREMENTS (Parents must also complete this section)**

California law (Ed. Code Section 32221) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic team, athletic event, including song and cheerleaders, team mascots, team manager, etc. to **possess accidental bodily insurance providing at least \$1,500 of scheduled medical and hospital benefits. Please check the box below if you have the required insurance coverage for your son or daughter.**

- Yes, we have insurance coverage for our family which provides at least \$1,500 medical and \$1,500 hospital benefits with the following  
 Medical Insurance Company. Our policy also covers high school contact sports.

Name of Medical Insurance Co.:  Policy #:  Group #:

### **UNDERSTANDING/AGREEMENT, CONSENT TO TREAT, & WAIVER/RELEASE OF LIABILITY**

We the under-signed, have read and understand the Informed Consent and Risk Warning Statement above and we have met the insurance requirements as described above. We also certify that our child has received the required Physical Examination by a licensed medical doctor, has been cleared to participate in school sports and activities for the upcoming school year, and the completed Physical Forms have been submitted to the appropriate high school officials. In signing below, we grant our son/daughter permission to participate in extracurricular school sports/activities, to be released from school when required, and to travel to and/or ride as a passenger in a vehicle driven by another parent or coach to school-sponsored events. Lastly, we hereby authorize the coaches and other personnel of the Fremont Union High School District to act for me/us according to their best judgment in any emergency requiring medical attention for my/our son or daughter, and we hereby waive, release, and hold harmless, the Fremont Union High School District, its Officers, Agents, Employees, and Board Members from any and all liability while traveling to and from, and/or participating in school-sponsored activities.

Signature of Parent/Guardian:	<input type="text"/>	Date (mo/day/year):	<input type="text"/>
Signature of Student/Athlete:	<input type="text"/>	Date (mo/day/year):	<input type="text"/>