

Please complete BOTH sides of this document!

Morgan Hill Unified School District Athletic Participation Authorization

Student:	Last Name	First Name	Sport(s)	Grade
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Parent/Guardian-Last Name	First Name	Home Phone	Work Phone
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WARNING TO STUDENTS AND PARENTS: By its very nature, competitive athletics may put students into situations where serious and/or permanent injuries may occur. Some forms of athletic competition include physical contact among players; the use of equipment which may be hazardous, strenuous physical exertion, or other exposures to risk which could result in serious and/or permanent injury. By granting permission for your son/daughter to participate in inter-scholastic athletic competition, you and your student acknowledge that such a risk exists.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

INSURANCE INFORMATION:

State Law requires Accidental bodily insurance of at least \$1500 of scheduled medical and hospital benefits for all members of an athletic team. All medical, hospital, ambulance or other bills shall be charged to the parents or guardians. We have insurance coverage for our family which provides at least \$1500.00 medical and \$1500.00 hospital benefits with:

Name of Company _____ Policy Number _____

TRANSPORTATION INFORMATION:

Morgan Hill Unified School District assumes no liability and does not provide insurance coverage for transporting students to and from athletic activities. Transportation will be arranged through buses and private vehicles. (No students are allowed to drive other students to any other school activity.) We need to ask your permission for your son/daughter to ride in a private vehicle with the coach or another parent driver to some events during the season. All athletics will be responsible in conduct to the driver of the vehicle. It is further understood that athletes will go and return from the event in the transportation provided, unless the coach receives a written note from the parent ahead of time. By signing below, you give permission for your son/daughter to ride with the other parents or the coach in a private vehicle, and you indicate your understanding that the district, its employees, and volunteer drivers are released from liability.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PARENT PERMISSION AUTHORIZATION:

I authorize the above named student to participate in athletics and to be released from school as required in order to participate in the sports or activities. In case the student becomes ill or injured, Morgan Hill Unified School District is authorized to have the student treated and I authorize the medical agency to render treatment.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Parents/Guardian Information

Please complete this information and share it with the Murphy coaching staff for excellent communication purposes

Student Athlete's Name

Student's school email address:

Parent/Guardian's Name:

Parent/Guardian's mobile phone number:

Parent/Guardian's email address:

Emergency Contact Information

Name: _____

Daytime phone number:
