



Los Alamitos Unified School District

Igniting Unlimited Possibilities

Academics ♦ Athletics ♦ Activities ♦ Arts

10293 Bloomfield Street ♦ Los Alamitos, CA 90720-2200

(562) 799-4700 ♦ FAX (562) 799-4730

Andrew Pulver, Ed.D.

Superintendent

VOLUNTARY ACTIVITIES PARTICIPATION FORM

Consent to Participate

Athlete's Name: _____ Sport/Activity: _____

Address: _____ Home Phone: _____

Parent/Guardian: _____ Work Phone: _____

Address (if not living with student): _____

In case of emergency, contact: _____ Phone: _____

By its very nature, _____, including tryouts, may put students in situations in which serious catastrophic and perhaps fatal accidents may occur. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate the risk of injury. Just as driving an automobile involves risk of injury; participation in _____ by high school students involves some inherent risk. The importance of your awareness of these risks in determining whether or not allow your child to participate cannot be overstated. There have been accidents in _____ resulting in death, paraplegia, quadriplegia and other very serious permanent physical impairments as a result of athletic or activity participation.

Students will be instructed in proper techniques and in the proper utilization of all equipment or work in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

No amount of instruction, precaution, and supervision can eliminate all risk of injury, including serious injury. Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

1. Sprains / strains
2. Fractured bones
3. Unconsciousness
4. Head and neck injuries
5. Neck and spinal injuries
6. Paralysis
7. Loss of eyesight
8. Communicable diseases
9. Internal organ injuries
10. Brain damage
11. Death

By Signing below, you acknowledge that you understand and accept such risk and authorize the student named above to participate in _____. By Choosing to participate, you acknowledge that such risks exist.

ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter to participate in the District sponsored activities of _____

I have read this form in its entirety and understand its contents. I understand that it is my obligation to ask questions about anything I do not understand.

I understand and acknowledge that participation in _____ is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I agree to assume financial responsibility for any medical costs and expenses incurred as a result of any injury that

may be sustained by my child while participating in _____.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my child which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to the terms.

Parent/Guardian

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.