



**2021 - 2022**

# **ATHLETIC CLEARANCE**

**Quick steps for parents/students using the online athletic clearance process.**

**Prepared for:**

Athletic Directors  
Athletic Assistants  
Parents/Students

**Questions? Go to [Support.AthleticClearance.com](https://Support.AthleticClearance.com) and submit a ticket**



## Online Athletic Clearance

1. Visit [www.AthleticClearance.com](http://www.AthleticClearance.com) and choose your state.
2. Watch quick tutorial video
3. **Register.** PARENTS register with a valid email username and password. You will be asked to input a code to verify you are human. If this step is skipped your account will not activate.
4. Login using your email address that you registered with.
5. Select “**New Clearance**” to start the process.
6. Choose the School Year in which the student plans to participate. Example: Football in Aug 2021-2022 School year. Choose the School at which the student attends and will compete for. You may choose more than One sport.
7. Complete all required fields for student information, Educational History, Medical History and signature forms. **(If you have gone through the AthleticClearance.com process before, you will select the student and Parent/Guardian from the dropdown menu on those pages)**
8. Optional **Donation** to your athletic program or pay participation fees (private schools only)
9. Once you reach the **Confirmation Message** you have completed the process.
10. If you would like to register for additional sports/activities you may check off those sports below the confirmation message. Electronic signatures will be applied to the additional sports/activities.
11. All of this data will be electronically filed with your school’s athletic department for **review**. When the student has been **cleared for participation**, an email notification will be sent.

Questions? Go to [Support.AthleticClearance.com](http://Support.AthleticClearance.com) and submit a ticket

### **What is my Username:**

Your username is the email address that you registered with.

### **Multiple Sports:**

Once you complete a clearance for one sport and arrive at the confirmation message, you will have the option to check off additional sports/activities for the current school year. If you decide to participate in an additional sport/activity later on, you can access the multiple sport checkboxes by clicking on "Print" under the Confirmation Message of your original clearance for that specific year.

### **Physicals:**

The physical form your school uses can be downloaded on Physicals page. Most schools will accept the physical online (done by uploading the completed form on step #2) as well as turning in a hard copy to the Athletic Department. Statuses for this page are as follows:

Completed: All upload areas are filled (may not be required)

In Progress: At least one upload area is filled

Incomplete: No files have been uploaded

### **Document Library:**

This area is meant to store your files so they can be accessed later in the year or perhaps years following. You can either upload your files to the Document library then apply them to your clearance on the physical page or you can choose/browse for the file on the physical page and the file will save to the document library for future use.

### **Why haven't I been Cleared?**

Your school will review the information you have submitted and clear or deny your student for participation. You will receive an email when the student is cleared.

### **My Sport is not listed!**

Please contact your school's athletic department and ask for your sport to be activated.

Questions? Go to [Support.AthleticClearance.com](http://Support.AthleticClearance.com) and submit a ticket

## Student Athlete Physical (medical clearance to participate)

California Education Code Section 49458 **does not include licensed chiropractors (those with a doctor of chiropractic, "D.C.", degree)** as practitioners who may perform a physical examination of a student to determine if he or she is safely able to participate in school athletics.

Education Code Section 4945 8 states: "When a school district or a county superintendent of schools requires a physical examination as a condition of participation in an interscholastic athletic program , *the physical examination may be performed by a physician and surgeon or physician assistant practicing in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code.*" (Emphasis added.)

Physician assistants are licensed by the California Physician Assistant Board to perform direct patient care services under the supervision of a licensed physician pursuant to California Business and Professions Code Section 3502.

A. **Business and Professions Code Section 3502 (a) states:**

"Notwithstanding any other law, a physician assistant may perform those medical services as set forth by the regulations adopted under this chapter when the services are rendered under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant. The medical record, for each episode of care for a patient, shall identify the physician and surgeon who is responsible for the supervision of the physician assistant."



# **PERRIS COMMUNITY** URGENT CARE



**Perris Community Urgent Care**  
**524 W 4th Street - Suite B**  
**Perris, CA 92570**

Providing non-emergency services including but not limited to:

- Cold and flu symptoms
- Minor breaks and sprains
- Minor cuts and burns
- Diarrhea and vomiting
- Dislocations
- Earaches
- Fever
- Infections
- Insect bites and rashes
- Moderate pain

**No Appointment Necessary**

**Uninsured OK**

**SE HABLA ESPANOL**

**Cash Visits- \$45 Sports Physicals - \$25**

**Ph: 951-355-0030 Fax: 951-420-5005**





# Perris Union High School District Athletic Emergency/Medical Information & Participation Form

**CHECK ALL SPORTS THIS STUDENT WILL PARTICIPATE IN:**

**Team Manager** (mark sport below)

FALL <input type="checkbox"/> Pep Squad	WINTER <input type="checkbox"/> Pep Squad	SPRING <input type="checkbox"/> Pep Squad	
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Boys Tennis
<input type="checkbox"/> Football	<input type="checkbox"/> Soccer	<input type="checkbox"/> Boys Golf	<input type="checkbox"/> Track
<input type="checkbox"/> Girls Tennis	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Softball	<input type="checkbox"/> Boys Volleyball
<input type="checkbox"/> Boys Water Polo	<input type="checkbox"/> Girls Water Polo	<input type="checkbox"/> Swimming	

Name (Student Athlete): \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Father's or Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_  
 Mother's or Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_  
 Emergency Phone: (\_\_\_\_)-\_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_  
 Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
 School attended previous Semester: \_\_\_\_\_

List all schools attended in the last 12 months: \_\_\_\_\_

**Medical History Questionnaire – This section must be completed:**

	Yes	No		Yes	No
1. Are you currently under a doctor's care for any reason?			15. Do you have any trouble breathing before or after exercise?		
2. Have you ever been hospitalized?			16. Have you had any problems with your eyes or vision?		
3. Have you ever had surgery?			17. Do you wear glasses or contacts or protective eye wear?		
4. Are you currently taking any medications or pills?			18. Do you use any special equipment (splints, neck rolls, mouth guards, etc.)?		
5. Do you have any allergies (medicines, bee stings, etc.)?			19. Has anyone in your family died of heart problems or sudden death before the age of 50?		
6. Have you ever been dizzy or fainted during or after exercise?			20. Do you only have one working organ of usually paired organs (only one eye, kidney, etc.)?		
7. Have you ever had chest pains during or after exercise?			21. Have you ever sprained, broken, dislocated or had repeated swelling or pain of any bones or joints?		
8. Have you ever had high blood pressure?			22. Are any of the following currently bothering you? Hand / Wrist / Elbow / Forearm / Hip / Thigh / Knee / Ankle / Shin/Calf / Foot		
9. Have you ever been told you have a heart murmur?			23. Have you ever had a stinger, burner or pinched nerve?		
10. Have you ever had a racing heart or skipped heartbeats?			24. Have you ever had any medical problems or injuries? (asthma, mono, diabetes, etc)		
11. Have you had a head injury?			25. Have you had any medical problems since your last evaluation?		
12. Have you ever been knocked unconscious?			26. Were there any special instructions or precautions given by the Medical Practitioner?		
13. Have you ever had a seizure?			27. What was the date of your tetanus shot? _____		
14. Have you ever been dizzy or passed out due to the heat?			28. (Women only) Date of your first menstrual period: _____ When was your last menstrual period? _____ What was the longest period of time between your periods last year? _____		

**Explain all "Yes" answers by question numbers, indicate dates for each item and include any special instructions**

I/we hereby state, to the best of my/our knowledge, the answers to the questions for the medical history questionnaire above are true. I/we understand that by performing this examination, the undersigned physician does not assume responsibility for medical care of this individual. I/we verify that I/we have read and understand all material presented and all information I/we have provided is correct and I/we give permission for my/our child or ward to receive a physical exam and to participate in athletics. In the event reasonable attempts to contact the parent/guardian at the above phone numbers meets with no success, full authorization is given for the administration of any treatment deemed necessary by a medical practitioner, and the transfer of son/daughter or ward to any medical practitioner, and the transfer of my/our son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are provided above concerning the student athlete's medical history which a medical practitioner should know.

Family Health Insurance Co. \_\_\_\_\_ Policy ID # \_\_\_\_\_  
 Signature of Athlete \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

	Blood Pressure	HEENT	Skin	Heart	Lungs	Abdomen	Flexibility/Strength
Normal							
Abnormal							

While this does not constitute a physical nor replace the need for a periodic health evaluation by a family physician, this individual appears to be physically capable of participation in interscholastic sports as of this date, except as indicated below.

- Cleared for sport without restriction(s)
- Cleared with the following restriction(s): \_\_\_\_\_
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- Not cleared for participation in athletics

Doctor's Office Stamp: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, local governments and health agencies recommend many precautions, including social distancing, and have, in many locations, prohibited the congregation of groups of people.

Perris Union High School District Athletic and Co-Curricular Programs have implemented preventative measures to reduce the spread of COVID-19; however, the Perris Union High School District (PUHSD) cannot guarantee that you, your child(ren), and those whom you and/or your child(ren) encounter will not become infected with COVID-19. Further, participating in an athletic or co-curricular training session could increase your risk, your child(ren)'s risk, and the risk to those whom you and your child(ren) may encounter of contracting COVID-19.

By signing this agreement, I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk that my child(ren), those whom I and/or my children encounter, and I may be exposed to or infected by COVID-19 by my child(ren) participating in athletic or co-curricular training sessions and/or my and/or another responsible adults' visit(s) to athletic and co-curricular training facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

I understand that the risk of becoming exposed to or infected by COVID-19 at any PUHSD facility may result from the actions, omissions, and/or negligence of myself and others, including, but not limited to PUHSD representatives, including Board members, employees, and agents; volunteers; program participants, their families; and anyone the foregoing individuals may encounter. I understand that several government entities, including the Centers for Disease Control and Prevention, the California Department of Health, Riverside County Public Health, and others have released and continue to release guidelines designed to prevent the spread of COVID-19 ("Guidelines"). I agree to familiarize myself with all applicable Guidelines, including revisions to those Guidelines as they may be released from time-to-time, and adhere to all Guidelines on behalf of myself, my child(ren), and any responsible adult who acts on my behalf prior to and during my child(ren)'s participation in PUHSD athletic and/or co-curricular activities. I further agree to ensure that my child(ren) is/are properly prepared and equipped to participate in the PUHSD athletic and/or co-curricular activities program in accordance with the Guidelines. For example, I agree to ensure that myself, my child(ren), and responsible adults acting on my behalf shall not visit any PUHSD facilities, and/or any other PUHSD employees, participants, parents, responsible adults, and/or those who the foregoing individuals may encounter if experiencing any COVID-19 symptoms or coming in contact with anyone who has experienced those symptoms within the timeframe established by appropriate government entities. I understand that PUHSD may offer guidance regarding the Guidelines, but such guidance shall not, in any way, limit my obligation to familiarize myself with and follow any applicable Guidelines as described in this paragraph.

I voluntarily assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren), myself, and/or those whom I and/or my child encounter. For purposes of this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19, I understand and agree that the term "injury" is interpreted in its broadest sense possible and includes, but is not limited to, personal injury, disability, death, illness, damage, loss of any kind whatsoever, claim, liability, or expense, of any kind, that I, my child(ren), and/or those whom we encounter may experience or incur in connection with my child(ren)'s participation in PUHSD athletic and/or co-curricular activities, including my and/or another responsible adults' visit(s) to PUHSD campuses ("Claims"). On my behalf, and on behalf of my children, and for any other responsible

adult(s) who access PUHSD facilities on my behalf, I hereby forever release, covenant not to sue, discharge, and hold harmless PUHSD; and PUHSD representatives, including Board members, employees, and agents; of and from any and all Claims whatsoever, including any and all liabilities, claims, actions, damages, costs or expenses of any kind whatsoever arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of PUHSD; and PUHSD representatives, including Board members, employees, and agents, whether a COVID-19 infection occurs before, during, or after participation in any PUHSD program.

I have read and understand this Assumption of the Risk and Waiver of Liability Relating to coronavirus/COVID-19 in full and understand and voluntarily agree to all such provisions. I have consulted with counsel of my choosing, or chosen not to do so, in considering the terms of this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19. I have the legal capacity to understand and execute this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19. If any provision of this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 is found to be void, voidable, or unenforceable, the remaining terms shall remain in full force and effect.

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Signature of Parent/Guardian

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Date

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Print Name of Parent/Guardian

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Print Name of Participant



**CONSENT TO PARTICIPATE AND AGREEMENT TO WAIVE LIABILITY, RELEASE, ASSUME RISK, HOLD HARMLESS AND OBEY RULES AND INSTRUCTIONS**

Name of School: CALIFORNIA MILITARY INSTITUTE Date: \_\_\_\_\_

Athletic/Sport Activity: \_\_\_\_\_

Participation in the above athletic/sport activity **IS VOLUNTARY** and **IS NOT REQUIRED** as a part of the regular school program. Consent is hereby given for student \_\_\_\_\_ to participate in the above athletic/sport activity.

I am aware that participating, playing, practicing to play or preparing to practice/play in any athletic/sport activity can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my (or my student's) body, general health and well-being. I understand that the dangers and risks of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity may result not only in serious injury, but in a serious impairment of my (or my student's) future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I especially acknowledge that baseball, softball, football, and wrestling are more dangerous sports involving even greater risk of injury than other sports.

In the event of an accident or sudden illness, Perris Union High School District has permission to render whatever emergency medical treatment may be deemed necessary for the above named student. I will assume the cost of ambulance service in the case of an emergency and understand that the district does not pay for ambulance service. I further understand and accept the responsibility for obtaining a written confirmation from the physician indicating that the student may return to practice and competition with his/her team anytime a student is seen by such personnel.

Because of the dangers of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity, I (or on behalf of my student) recognize the importance of following coaches' instructions regarding playing techniques, training and games and other team rules and agree to obey such instructions/rules. It is also recognized that attendance and academic performance are essential for student success. This success provides the eligibility for participation in the above athletic/sport activity. **TO ENSURE THIS, STUDENTS MUST ATTEND ALL CLASSES ON THE DAY OF THE CONTEST OR THE DAY PRIOR TO A SATURDAY EVENT.** Appointments on game days must follow the attendance policy as stated in the student handbook.

Transportation to and from most athletic contests will be provided by Perris Union High School District. It is never permissible for students to transport other students to athletic contests. Students are expected to use this transportation as a representative of their school. Any other arrangements due to emergency or family circumstances must be requested in writing by the parent/guardian (who has signed this form) the day before the trip and cleared through the school office.

In consideration of the Perris Union High School District permitting me (or my student) to try out for the above athletic/sport activity at the above school and to **ENGAGE IN ALL ACTIVITIES RELATED TO THE TEAM**, including, but not limited to, trying out, preparing for, transporting to or from, practicing, playing or otherwise participating in the above athletic/sport activity, I **(OR ON BEHALF OF MY STUDENT) HEREBY ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION AND AGREE TO WAIVE LIABILITY AND HOLD THE PERRIS UNION HIGH SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND ALL VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, DEBTS, CLAIMS, OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER WHICH MAY ARISE BY OR IN CONNECTION WITH MY (OR MY STUDENT'S) PARTICIPATION IN ANY ACTIVITIES RELATED TO THE TEAM.** The terms hereof shall serve as a **RELEASE** and **ASSUMPTION OF RISK** for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

**THE UNDERSIGNED HAS CAREFULLY READ THE FOREGOING RELEASE AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTANDS IT.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Health Insurance/Student Accident Insurance Carrier\*

\_\_\_\_\_  
Policy Number

\*If you do not have accident insurance, the district provides forms for you to obtain insurance as required by law. The forms are available at the school office. Insurance must be maintained at all times. Notify the athletic director of cancellation/change in policy.



**CONSENTIMIENTO PARA PARTICIPAR Y CONTRATO PARA RENUNCIAR LA RESPONSABILIDAD,  
DIVULGAR, ASUMIR RIESGO, MANTENER SIN CLAVES Y OBEDECER REGLAS E INSTRUCCIONES**

Nombre de la escuela: **CALIFORNIA MILITARY INSTITUTE**

Fecha: \_\_\_\_\_

Actividad atlética / deportiva: \_\_\_\_\_

La participación en la actividad atlética / deportiva mencionada anteriormente es voluntaria y NO SE REQUIERE como parte del programa escolar regular. Por la presente se otorga el consentimiento para que el estudiante \_\_\_\_\_ participe en la actividad atlética / deportiva anterior.

Soy consciente de que participar, jugar, practicar para jugar o prepararse para practicar / jugar en cualquier actividad deportiva / deportiva puede ser una actividad peligrosa que involucra **MUCHOS RIESGOS DE LESIONES**. Entiendo que los peligros y riesgos de participar, jugar, practicar jugar o prepararse para practicar / jugar en la actividad atlética / deportiva anterior incluyen, entre otros, muerte, lesiones graves en el cuello y la columna vertebral que pueden resultar en lesiones totales o parciales, parálisis, daño cerebral, lesión grave en prácticamente todos los órganos internos, lesión grave en prácticamente todos los huesos, articulaciones, ligamentos, músculos, tendones y otros aspectos del sistema musculoesquelético, y lesión grave o deterioro en otros aspectos de mi (o el de mi alumno) Cuerpo, salud general y bienestar. Entiendo que los peligros y riesgos de participar, jugar, practicar jugar o prepararse para practicar / jugar en la actividad deportiva / atlética anterior pueden resultar no sólo en lesiones graves, sino también en un deterioro grave de mis habilidades futuras (o las de mi estudiante) para ganarse la vida, para participar en otros negocios, actividades sociales y recreativas, y en general para disfrutar de la vida. Reconozco especialmente que el béisbol, el softbol, el fútbol y la lucha son deportes más peligrosos que implican riesgos o lesiones igualmente mayores que otros deportes.

En el caso de un accidente o enfermedad repentina, el Distrito de Escuelas Secundarias de Perris tiene permiso para brindar cualquier tratamiento médico de emergencia que se considere necesario para el estudiante mencionado anteriormente. Asumiré el costo del servicio de ambulancia en caso de una emergencia y entenderé que el distrito no paga por el servicio de ambulancia. Además, entiendo y acepto la responsabilidad de proporcionar una confirmación por escrito del médico que indique que el estudiante puede regresar a la práctica y competir con su equipo en cualquier momento que el personal vea a un estudiante.

Debido a los peligros de participar, jugar, practicar jugar o prepararse para practicar / jugar en la actividad deportiva / deportiva anterior, (en nombre de mi estudiante) reconozco la importancia de seguir las instrucciones de los entrenadores con respecto a las técnicas de juego, entrenamiento y juego, y otras reglas del equipo y acepta obedecer tales instrucciones / reglas. También se reconoce que la asistencia y el rendimiento académico son esenciales para el éxito de los estudiantes. Este éxito proporciona la elegibilidad para participar en la actividad atlética / deportiva anterior. **PARA ASEGURAR ESTO, LOS ESTUDIANTES DEBEN ASISTIR A TODAS LAS CLASES EL DÍA DEL CONCURSO O EL DÍA ANTES DE UN EVENTO DEL SÁBADO.** Las citas en días de juego deben seguir la política de asistencia como se indica en el manual del estudiante.

El transporte hacia y desde la mayoría de las competencias atléticas será proporcionado por Perris Union High School District. Nunca está permitido que los estudiantes transporten a otros estudiantes a competencias atléticas. Se espera que los estudiantes utilicen este transporte como representante de su escuela. Cualquier otro arreglo debido a emergencias o circunstancias familiares debe ser solicitado por escrito por el padre / tutor el día antes del viaje y ser aprobado a través de la oficina de la escuela

Considerando que el Distrito de Perris Union High School me permite hacer la prueba de la actividad atlética / deportiva anterior en la escuela mencionada anteriormente y **COMPARTIR EN TODAS LAS ACTIVIDADES RELACIONADAS CON EL EQUIPO**, incluidas, entre otras, las pruebas, preparándome para, transportándome hacia o desde, practicando, jugando o participando de otra manera en la actividad deportiva / deportiva anterior, yo **(O EN NOMBRE DE MI ESTUDIANTE) ASUMO AQUÍ LOS RIESGOS ASOCIADOS CON LA PARTICIPACIÓN, Y CUMPLIR CON TODO Y ACEPTÓ NO EXIGIR LA RESPONSABILIDAD DE PERRIS UNION HIGH SCHOOL DISTRICT, SUS EMPLEADOS, AGENTES, REPRESENTANTES, ENTRENADORES Y TODOS LOS VOLUNTARIOS ACEPTÓ DAR LIBERACIÓN DE TODA RESPONSABILIDAD Y TODA, ACCIONES, CAUSAS O ACCIONES, DEUDAS, RECLAMACIONES O DEMANDAS DE CUALQUIER TIPO Y NATURALEZA Y NATURALEZA CUALESQUIERA QUE PUEDAN SURGIR POR O EN CONEXIÓN CON MI (O LA PARTICIPACIÓN DE MI ESTUDIANTE) EN CUALQUIER ACTIVIDADES RELACIONADAS CON EL EQUIPO.** Los términos del presente documento servirán como **LIBERACIÓN y ASUNCIÓN DE RIESGO** para mí, mis herederos, mi sucesor, mi ejecutor, mi administrador, sus cesionarios y para todos los miembros de mi familia.

**EL FIRMADO HA LEÍDO CUIDADOSAMENTE LA PRESENTACIÓN Y ASUNCIÓN ANTERIORES DEL ACUERDO DE RIESGO Y LO ENTIENDE COMPLETAMENTE**

\_\_\_\_\_  
Firma del padre/guardian

\_\_\_\_\_  
Firma del padre/guardian

\_\_\_\_\_  
Firma del estudiante

\_\_\_\_\_  
Seguro de salud / Seguro de accidentes estudiantiles\*

\_\_\_\_\_  
Número de póliza

\*Si no tiene seguro de accidentes, el distrito le proporciona formularios para que obtenga el seguro según lo exige la ley. Los formularios están disponibles en la oficina de la escuela. El seguro debe mantenerse en todo momento. Notificar al director de atletismo o cancelación / cambio de política.