

NEWPORT-MESA UNIFIED SCHOOL DISTRICT
MIDDLE SCHOOL ACTIVITIES CERTIFICATE
Form must be on file to participate in 7-8 athletics. Please return to coach.

Student's Name: _____ Home Phone: _____

Address: _____ Emergency Phone: _____

Date of Birth: _____ Birthplace: _____ Grade in School: _____

I. PARENT OR GUARDIAN'S PERMIT

● I hereby give my consent for the above-named student to compete in the Newport-Mesa School District's approved activity program such as sports, marching band, drill team, or G.A.A., and travel with the school representative on necessary school trips. I realize there is a risk of serious injury for participation in school sports and related activities.

● It is understood that the School District, the student body, and/or any of its employees are not financially responsible in case of accident or injury.

● The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the above named pupil.

Date: _____ Signature of Parent/Guardian: _____

II. CONTACT INFO AND CONSENT FOR EMERGENCY TREATMENT

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Family Doctor: _____ Phone: _____

Preferred Hospital: _____

Allergies: _____

Medical Conditions: _____

Current Medications: _____

In an emergency, if parents cannot be contacted, please contact:

Name: _____ Daytime Phone: _____

Please read carefully and check the following options:

● I hereby give permission to a physician to administer emergency treatment.

(signature required) Date: _____

● The team physician, trainer, and/or coach may apply first aid treatment until the family doctor can be contacted? YES _____ NO _____

● We give our consent for coaches, trainers, and team physician to use their own judgement in securing medical aid and ambulance service in case the parents cannot be reached. YES _____ NO _____

III. INSURANCE CERTIFICATION

I hereby certify that the above-named student is covered by accident insurance which provides protection for accidental bodily injury and or accidental death as required by Ed. Code Sec. 32220-32221 for participation in approved school activities during the 2010-2011 school year. I understand that the above-named student will be permitted to participate in the District's activity program only upon my representation that insurance coverage as described in Section IIIA or IIIB is in effect for the present school year.

Policy Issued By

Signature of Parent/Guardian