

Sport _____

**NEWPORT – MESA UNIFIED SCHOOL DISTRICT
Middle School Activity Certificate**

Student ID # _____

School Last Attended _____

Student's Name: _____

Last

First

M.I

M F

Sex

Grade

Home
Phone: _____

Address: _____

Emergency
Phone: _____

Date of Birth: _____

Birthplace: _____

I PARENT'S OR GUARDIAN'S PERMIT

I hereby give my consent for the above-named student to compete in the Newport-Mesa Unified School District's approved activity program such as sports, marching band, drill team, etc., and travel with the school sports and related activities. It is understood that the school district, the student body, and/or any of the employees are not financially responsible in case of accident or injury.

The undersigned agrees to be responsible for the safe return of all equipment by the school to the above-named student.

I hereby state that, to the best of my knowledge, my answers to the physical student history questions are complete and correct.

II CONSENT FOR EMERGENCY TREATMENT

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

III INSURANCE CERTIFICATION

I hereby certify that the above-named student is covered by accident insurance which provides protection for accidental bodily injury as required by Education Code Sections 3220-32221 for participation in approved school activities during the 20____-20____ 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 present school year.

"A" OR "B" MUST BE COMPLETED FOR CERTIFICATION

A. District-Offered insurance plan purchased by parent/guardian.

School Time Plan (DOES NOT INCLUDE TACKLE FOOTBALL)

Full Time 24-Hour Plan (DOES NOT INCLUDE TACKLE FOOTBALL)

Tackle Football Plan (DOES NOT INCLUDE SCHOOL OR FULL TIME PLAN)

B. Home Carrier Insurance Plan.

Name and Address of Insurance Company

Date

Signature of Parent/Guardian

V STUDENT CERTIFICATION

I agree to abide by the California Interscholastic Federation, League, and school rules of eligibility. I am not a member of any fraternity, unsponsored club, or unauthorized secret society as described in the Education Code and California Interscholastic Federation handbook, nor will I join one.

Date

Signature of Student

VI ASSOCIATED STUDENT BODY/ACTIVITY OFFICE CERTIFICATION

Student Body Card/Receipt

Signature of School Official