

Oakdale Junior High School Athletic Medical Waiver

Student _____ Grade _____ Date _____

Your child has requested to participate in an after school sport. In order to participate, this waiver must be signed, dated, and returned to the school office.

Waiver:

I understand that all sports and other recreational activities involve a certain amount of risk. I hereby give permission for my child/ward to participate in after school sport activities offered by Oakdale Jr. High School and I assume and accept all risk related by such participation. I agree that Oakdale Jr. High School shall not be liable for injuries or harm to my child/ward, or to my child/ward's property, or be subject to any claim, demand, injury or damages whatsoever arising out of my child/ward's participation in any after school sports program. I also understand that Oakdale Jr. High School cannot eliminate or prevent injuries from occurring to participants. Further, my child/ward has no medical condition which would prohibit him/her from participation in physical activities, including, but not limited to, the sports activities offered as part of the after school sports program. I hereby give permission that in the event of any illness or injury, my child/ward may be treated for such illness or injury.

Parent Signature: _____ Date: _____

Medical Information

If your student has any special medical problems, please list and write a description of that problem on a separate sheet of paper and what school personnel need to know if a problem arises: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Family Medical Insurance Carrier: _____ Policy# _____

Address of Insurance Carrier: _____ Policy# _____

As stated in California Education Code Section 35330, I understand that I hold the Oakdale Joint Unified School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

Parent Signature: _____ Date: _____

Emergency Phone #'s: _____

Oakdale Junior High School Athletic Transportation Form

For the 2011-2012 school year, Oakdale Junior High School will require an athletic transportation fee. This fee can be paid to the Account Clerk, Denise Bianchi, in the office prior to the first game of athlete's season. Please do not attempt to pay the fee before final rosters of teams have been posted. If an athlete quits or is removed from the team, no refunds will be given.

The fee is **\$75.00** per sport. If a student participates in two or more sports, they will not have to pay more than **\$150.00**. A family with two or more athletes in the school **district** will pay no more than a total of **\$300.00** for the school year. When writing a check, please make it payable to O.J.U.S.D.

An athlete may opt out of the transportation fee by having a parent transport the athlete to and from games. If this option is chosen, the designated parent may only transport his/her athlete.

Please complete the form below and return to Denise Bianchi in the front office before school or after school between 2:30 and 3:00.

Student Athlete _____ Grade _____

Please check sport participating in

<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	Flag Football
<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Boys Basketball
<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Cross Country
<input type="checkbox"/>	Girls Basketball	<input type="checkbox"/>	Wrestling
<input type="checkbox"/>	Softball	<input type="checkbox"/>	Track
<input type="checkbox"/>	Track	<input type="checkbox"/>	PARENT WILL TRANSPORT

Amount Paid _____ Check _____

Cash _____