

**Sinaloa Middle School 2022-2023  
Intramural Sports Permission Form**

Dear Parent/Guardian,

This message is to let you know that your student has started the Intramural / Extramural Athletic Clearance process to participate in Basketball, Wrestling, Volleyball, Pickleball, Soccer, Flag Team and or Cross Country for Sinaloa Middle School.

The final step in this process requires parent/guardian and student signatures in agreement of the consent to participate. Please read, sign and return this form to the intramural coach along with your proof of medical insurance. Please contact the intramural coach or activities director if your child is in need of student accident insurance so that we may provide you with information where this insurance may be purchased.

I hereby give my consent for \_\_\_\_\_, hereafter named my child or ward, to compete in athletics. I authorize my child or ward to be supervised by a representative of the school on athletic associated trips.

In the event of illness or injury, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).

I also acknowledge that I have understood, read, the following information through the Sinaloa Webpage. To review the PDF copies of the forms, please go to "Our School" > "Activities" at [sinaloa.simivalleyusd.org](http://sinaloa.simivalleyusd.org). THIS FORM MUST BE ENTIRELY FILLED OUT.

- Assumption of Risk and Informed Consent
- Concussion Information Sheet
- Sudden Cardiac Arrest Information Sheet
- Opioid Fact Sheet
- Physical Contact Acknowledgement Form
- Heat Illness Form
- Steroid Information
- I have provided medical insurance information on the back of this form./ OR/
- I have been offered a low cost Student Accidental Insurance Policy from SVUSD.

\_\_\_\_\_parent/guardian initials

This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

**Student participation in our sport programs is at the discretion of our administration. Students must be in good standing in the following categories: grades, attendance and disciplinary record. Any student not in good standing will not be allowed to participate or attend games.**

Parent/Guardian Name \_\_\_\_\_

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

Parent/Guardian Phone Number \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

*Please provide the following information for proof of medical insurance:*

\_\_\_\_\_  
Health Insurance Company

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

\_\_\_\_\_  
Group Number

**IF YOUR STUDENT DOES NOT HAVE HEALTH INSURANCE** you may go to <https://www.peinsurance.com/products/student-insurance/> to purchase a low cost accidental insurance policy for your student. Contact the office for more information.

*Please List additional emergency contacts, should the parent/guardian be unavailable:*

\_\_\_\_\_  
Emergency Contact Telephone

\_\_\_\_\_  
Emergency Contact Telephone

Questions please email [ranjit.gill@simivalleyusd.org](mailto:ranjit.gill@simivalleyusd.org) or [pamela.mikita@simivalleyusd.org](mailto:pamela.mikita@simivalleyusd.org)