

Simi Valley Unified School District  
**Athletic Emergency/Medical Information & Participation Form**

PLEASE USE A BLACK OR BLUE BALL POINT PEN

Name (Student Athlete): \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ ID Number \_\_\_\_\_  
 Father's or Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Mother's or Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Health Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_ Does the insurance cover football? Y N  
 School attended previous semester: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 List all schools attended in the last 12 months: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

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

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

**Medical History Questionnaire - This section must be completed by a parent or guardian.**

Name of Person Filling Out Form: \_\_\_\_\_

	Yes	No		Yes	No
1. Are you currently under a doctor's care for any reason?			15. Have you ever been dizzy or passed out due to the heat?		
2. Have you ever been hospitalized?			16. Do you have trouble breathing after exercise?		
3. Have you had surgery within the last 3 months?			17. Have you had any problems with your eyes or vision?		
4. Are you currently taking any medications or pills?			18. Do you wear glasses or contacts or protective eyewear?		
5. Do you have any known allergies (medicines, bee stings, etc.)?			19. Do you use any special equipment (splints, neck rolls, mouth guards, etc.)?		
6. Have you ever been dizzy or fainted during or after exercise?			20. Has anyone in your family died of heart problems or sudden death before the age of 50?		
7. Have you ever had chest pains during or after exercise?			21. Do you have only one working organ of usually paired organs? (eyes, kidneys, etc.)		
8. Have you ever had high blood pressure?			22. Have you ever sprained, broken, dislocated, or had repeated swelling or pain of any bones or joints?		
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 had any medical problems or injuries? (asthma, mono, diabetes, etc.)		
11. Have you ever had a head injury?			25. Have you had any medical problems or injuries since your last physical?		
12. Have you ever been knocked unconscious?			26. Were there any special instructions or precautions given by the doctor?		
13. Have you ever had a seizure?			27. When was the date of your last tetanus shot? _____		
14. Are any of the following currently bothering you? <input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Foot			DATE OF EXAM: _____ HEIGHT: _____ WEIGHT: _____ PULSE RATE: _____		

**Explain all "Yes" answers by question number, indicate dates for each item and include any special instructions:** \_\_\_\_\_

**LIST ANY RESTRICTIONS:** \_\_\_\_\_

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 understand that this is only a pre-season screening and should in no way replace a complete physical by your own doctor as recommended. 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 the school authorities and aforesaid agent(s) to give reasonable care. Facts are provided concerning the student athlete's medical history which a medical practitioner should know.

I hereby certify that the above named individual was examined by me on the above date and found physically fit to engage in interscholastic athletics.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

**STUDENT ATHLETE HANDBOOK:** You will find a copy of the Athletic Handbook on the school's website under Athletics. If you do not have access to a computer, you may pick up a copy in the ASB/Athletic Office. By signing below, you hereby indicate that both the student athlete and the parent or guardian have read all of the rules that pertain to participation in athletics and/or activities at this school, and agree to comply with each and every rule. You also agree that any violation of these rules may be grounds for suspension or removal from an athletic team or the athletic program.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**INJURY/CONCUSSIONS:** We acknowledge that by participation in high school athletics, our student athletes may be exposed to situations that could lead to bodily injury and/or concussion. We have read the concussion information sheet and have received the concussion waiver and sports consent and liability release form for signature. All of these can be found on the school's website under Athletics. If you do not have access to a computer, you may pick up a copy in the ASB/Athletic Office. The concussion waiver and the sports consent and liability release form need to be signed and turned into the Athletic Office before a student athlete can be cleared to participate in a sport.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**SVUSD TRANSPORTATION BULLETIN:** Please read the Transportation Bulletin which can be found on the school's website under Athletics. If you do not have access to a computer, you may pick up a copy in the ASB/Athletic Office. Your signature below indicates that you have read the bulletin and agree to the methods of transportation that may be used by our athlete teams. You also understand the limitations, including the information on students driving themselves.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**PURSUIING VICTORY WITH HONOR:** I have read the Athletic Handbook and understand the sixteen principles of "Pursuing Victory with Honor." I agree to uphold those principles while representing this high school.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**CIF SOUTHERN SECTION CODE OF ETHICS:** I have read the Athletic Handbook and understand the "Athlete's Code of Ethics." I agree to uphold those ethics at all times while representing this high school.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**ATHLETIC WEBSITE AGREEMENT:** I hereby grant permission for the use of my son/daughter's name and picture to be used on an athletic website devoted to our student-athletes.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the Royal High School policy regarding the use of illegal drugs will be enforced for any violations of these rules.

---

Printed Name of Student Athlete

---

Signature of Student Athlete

Date

---

Printed Name of Student Athlete

---

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

# ROYAL HIGH SCHOOL 2014 - 2015

## Code of Conduct for Parents/Guardians Of Interscholastic Age Student-Athletes

Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child's sports experience.

### TRUSTWORTHINESS

- *Trustworthiness* — Be worthy of trust in all you do.
- *Integrity* — Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what's right even when it's unpopular or personally costly.
- *Honesty* — Live honorably. Don't lie, cheat, steal or engage in any other dishonest conduct.
- *Reliability* — Fulfill commitments. Do what you say you will do.
- *Loyalty* — Be loyal to the school and team; Put the interests of the team above your child's personal glory.

### RESPECT

- *Respect* — Treat all people with respect at all times and require the same of your student-athletes.
- *Class* — Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- *Disrespectful Conduct* — Don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- *Respect for Officials* — Treat game officials with respect. Don't complain or argue about calls or decisions during or after an athletic event.

### RESPONSIBILITY

- *Importance of Education* — Support the concept of "being a student first." Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.
- *Role Modeling* — Remember, participation in sports is a privilege, not a right. Parents/guardians too should represent the school, coach and teammates with honor, on and off the court/field. Consistently

exhibit good character and conduct yourself as a positive role model.

- *Self-Control* — Exercise self-control. Don't fight or show excessive displays of anger or frustration.
- *Healthy Lifestyle* — Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs and some over-the-counter nutritional supplements, as well as of unhealthy techniques to gain, lose or maintain weight.
- *Integrity of the Game* — Protect the integrity of the game. Don't gamble or associate with gamblers.
- *Sexual Conduct* — Sexual or romantic contact of any sort between students and adults involved with interscholastic athletics is improper and strictly forbidden. Report misconduct to the proper authorities.

### FAIRNESS

- *Fairness and Openness* — Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

### CARING

- *Caring Environment* — Consistently demonstrates concern for student-athletes as individuals and encourages them to look out for one another and think and act as a team.

### CITIZENSHIP

- *Spirit of the Rules* — Honor the spirit and the letter of rules. Teach your children to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

*I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.*

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

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

\_\_\_\_\_  
Date



# ROYAL HIGH SCHOOL ATHLETICS

## ROYAL HIGH SCHOOL – ATHLETIC POLICY AGAINST HAZING

---

Student Last Name (Printed)

---

Student First Name (Printed)

---

Student I.D. #

### Definition of Hazing

Hazing in any form, including degrading initiations, is strictly forbidden by California State Law. No student shall conspire to engage in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily danger, physical harm, personal degradation, or disgrace, resulting in physical or mental harm to any fellow student or person. Intimidation: involves threats of mental or physical harm or pressure. Examples of this behavior include, but are not limited to, bullying, domineering, extorting, or otherwise attempting to influence someone with the use of frightening actions and/or words. Severe cases of intimidation are classified as assault. In an assault, no blows need to occur. Just the fact that they could occur constitutes a criminal act.

Royal High School strives to maintain a healthy athletics program in which all students feel safe and welcome, and can be proud of the school and the athletics programs they represent. I understand that hazing of any kind is not allowed on this campus and in the athletics program. This includes mental, verbal and physical acts. I further understand that it is my duty to report any acts of hazing that I see to a coach, teacher, or administrator on campus.

By signing below, I agree to uphold this policy and understand that any violation will result in my immediate suspension from athletics and further disciplinary action outlined in the school policy and procedures.

---

Student Name (Printed)

---

Student Signature

---

Date

---

Parent/Guardian Name (Printed)

---

Parent/Guardian Signature

---

Date



CIF SOUTHERN SECTION  
ROYAL HIGH SCHOOL  
2014-2015 SCHOOL YEAR



CIF BYLAW 523 / ARTICLE 22 B(12)  
STEROID PROHIBITION

\_\_\_\_\_

Print Name of Student-Athlete

\_\_\_\_\_

Birthdate

Royal High School  
School

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 523).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Article 219 there could be penalties for false or fraudulent information. We also understand that the CIF Southern Section/Simi Valley Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_

Print Student-Athlete Name

\_\_\_\_\_

Signature of Athlete

\_\_\_\_\_

Date

\_\_\_\_\_

Print Parent/Caregiver Name

\_\_\_\_\_

Signature of Parent/Caregiver

\_\_\_\_\_

Date

## Royal High School Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul> | <ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul> |
|--|---|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

**Royal High School**  
**Concussion Information Sheet**

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:  
<http://www.cdc.gov/ConcussionInYouthSports/>

\_\_\_\_\_  
Student Athlete Name Printed

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



(PLEASE SIGN & RETURN TO ATHLETIC DIRECTOR)



**VOLUNTARY SPORTS/ATHLETIC EVENT OR ACTIVITY  
INFORMED CONSENT AND LIABILITY RELEASE  
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

_____	M F	_____
Student name	Sex	Birth date
_____	_____	
Parent or legal guardian (Please print)	Student address	
_____	_____	_____
School	Sport/Activity	Coach/Instructor

I authorize my son/daughter, named above, to participate in the indicated sport/athletic event or activity. I understand and acknowledge that sport/athletic activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such sport/athletic events or activities.

This sport/athletic event or activity, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- |  |   |
|--|---|
| 1. Sprains and Strains                   | 6. Disfigurement                        |
| 2. Fractured Bones                       | 7. Head Injuries (includes Concussions) |
| 3. Lacerations, Abrasions, and Avulsions | 8. Loss of Eyesight                     |
| 4. Unconsciousness                       | 9. Death                                |
| 5. Paralysis                             |   |

I understand and acknowledge that participation in sport/athletic events or activities is completely elective and voluntary and as such is not required by the District for completion of graduation requirements. I also understand that, if I do not consent to my son's/daughter's participation in the sport/athletic event or activity, he/she will be offered an alternative course of study, in which he/she may work for graduation credit.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the sport/athletic event or activity. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards may be removed from this sport/athletic event or activity.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in sport/athletic events or activities.

I agree to, and do hereby release and hold the District and its officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the sport/athletic event or activity.

I acknowledge that I have carefully read this "Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability release, Acknowledgment and Assumption of Potential Risk" form and that I understand and agree to its terms.

_____	_____
Signature (Student)	Date
_____	_____
Signature (Parent or Legal Guardian)	Date

_____	_____	_____
Home Telephone	Work Telephone	Mobile Telephone or Pager

**SIMI VALLEY UNIFIED SCHOOL DISTRICT  
STUDENT TRANSPORTATION PERMISSION FORM**

E(4) 3541.4

*This form must be completed each time a parent wants to drive their child or have their child drive to and from practices, games, events, etc.*

Students are required to travel on busses, vans, or other transportation provided by the Simi Valley Unified School District to all school sponsored activities, practices and/or games/events. However, because of emergency situations, parents may need to transport their son/daughter, or the student may need to drive himself/herself.

**A Private Vehicle Drivers Statement must accompany this form**

\_\_\_\_\_  
Name of child or ward

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
Activity/ Game

\_\_\_\_\_  
Class / Team / Club

\_\_\_\_\_  
Date(s) of Activity/ Game

\_\_\_\_\_  
Location of Activity/ Game

1. My son/daughter has my permission to:

- Travel with me
- Use his/her own vehicle
- Travel with another adult    Name of adult: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Reason for this request: \_\_\_\_\_

3. The student and Parent/Guardian are required to notify the School Administration, Athletic Director and Coach that they will be providing their own transportation at least 24 hours in advance of the activity. If the School Administrator, Athletic Director, or Coach decides that self-transportation for this particular event is inappropriate, the student and parent agree that the student will use the transportation provided by the district.

4. It is understood and agreed that this permission to provide our own transportation is conditionally approved by the School Administrator, Athletic Director, and Coach of the activity and can be revoked at any time at their discretion.

5. It is understood and agreed that my child or ward will not transport any other student in his/her vehicle, except for his/her siblings who are also students at the school and involved in the same activity. Drivers may not carry non-district personnel, non-students, non-student family members, or other guests as passengers.

6. I/we agree to defend, indemnify, and hold harmless the District, its officers, agents, employees, and/or volunteers from any and all claims, demands, losses, damages and expenses, including legal fees and costs, or other obligations or claims arising out of any liability or damage to property, or any other loss, sustained or claimed to have been sustained arising out of the transportation described above.

7. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**All signatures are necessary for approval:**

**Approved**    \_\_\_\_\_  
Signature of Coach / Instructor

\_\_\_\_\_  
Date

**Approved**    \_\_\_\_\_  
Signature of Athletic Director

\_\_\_\_\_  
Date

**Approved**    \_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Date

**Not approved**    \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date