



Attach copy of Medical Insurance Card

CAMBRIAN SCHOOL DISTRICT Athletic and Activity/Club Registration Form

My student wishes to participate in the following sports or activities

Form with checkboxes for Band/Orchestra, Basketball, Cheerleading, Cross Country, Soccer, Track & Field, Volleyball, and Other.

All prospective participants must complete these materials, provide proof of medical insurance and have a parent/guardian signature authorizing their participation prior to participation in any activity or practice.

Student Name (Please Print) School Date of Birth Grade

Address - Street Apt. City Zip Home Phone

CALIFORNIA LAW

The California Education Code (Sections 32221-32224 and 49470-49474) requires that each member of an athletic team shall have insurance coverage for medical and hospital expenses in an amount of at least \$1,500 while practicing for or participating in athletic activities under the jurisdiction of a public school district.

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

INSURANCE PROTECTION

Parents/Guardians must provide proof of insurance and complete and sign the following athletic waiver of insurance as evidence of other insurance coverage, or purchase Student Accident Insurance made available by Cambrian School District before the student is eligible to participate in athletic events.

Option A [] Personal Insurance - I hereby declare that my student, _____, has medical insurance in the amount of at least \$1,500 administered by _____ Insurance Co., Policy # _____, which will provide coverage for medical and hospital expenses resulting from accidental bodily injury while practicing for or participating in athletic events.

Signature of Parent/Guardian Date