

VOLUNTARY ACTIVITIES PARTICIPATION FORM  
ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter \_\_\_\_\_,  
to participate in the District sponsored activities of \_\_\_\_\_.  
I understand and acknowledge that these activities, by their very nature, post the potential risk of  
serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses that may result from  
participating in these activities include, but are not limited to, the following:

- |                              |                         |
|------------------------------|-------------------------|
| 1. Sprains/strains           | 5. Paralysis            |
| 2. Fractures bones           | 6. Loss of eyesight     |
| 3. Unconsciousness           | 7. Communicable disease |
| 4. Head and/or back injuries | 8. Death                |

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 such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or  
volunteers shall not be liable and I hereby waive, release, and discharge them from any future  
claims, demands, obligations, or causes of action for any injury/illness or property damage suffered  
by my son/daughter arising as a result of engaging or receiving instruction in said activity or any  
activity that is incidental thereto.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that  
I understand and agree to its terms.

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

\_\_\_\_\_  
Student Signature Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a  
student will be allowed to participate in the above extra-curricular activities. 2

PANAMA-BUENA VISTA UNION SCHOOL DISTRICT  
After School Sports Try Outs  
Permission Slip

Our district desires to provide a safe and secure environment for every student. Therefore, the district has established specific expectations for coaches, parents/guardians, and players.

**Eligibility:** All students must meet certain academic standards to be eligible for after-school sports; both Elementary and Junior High Students cannot have a failing grade on the last report card, and all students must also maintain a 2.0 GPA.

**Coaches** will provide each athlete with a written schedule of practices. If a practice time changes, the coach will notify athletes as soon as practically possible. The coach will provide supervision for players until all have left the practice facilities.

**Parent/Guardian** will provide or arrange transportation for their child off the school grounds or practice/meet facilities within fifteen minutes after the end of practices.

**Athletes** will abide by all of the coaches' rules, and be at every practice for try outs; otherwise, the athletes will run the risk of not making the uniform/traveling team. Athletes will ensure that their parent/guardian is aware of practice times, including changes made to the schedule. Players who walk home after practice will leave the school grounds within the fifteen-minute time period. Please note that if your child does not leave the practice facilities within fifteen minutes, you will receive a letter from the coach or principal after the first occurrence. Repeated occurrences may result in ineligibility.

**Parent Forms:** Once the uniform/traveling teams are chosen, or if the student wishes to continue participating on the after school team, then one parent/guardian must sign and return three separate forms. These forms will be given to the athlete by their coach at the appropriate time. These forms cover the district policies, as well as medical, supervisory, and sportsmanship topics. If these forms are not properly filled out and returned by the athlete, then the athlete cannot participate on that after- school team. If the forms have been previously filled out this academic year, then it is not necessary to fill them out again. If you have questions, please contact the school coach.

Thank you for your cooperation in this important matter.

Coach \_\_\_\_\_  
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Signature \_\_\_\_\_

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\_\_\_\_\_  
Student Name (please print)

Grade in School \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

\_\_\_\_\_  
Parent Signature Date Parent Phone Number

After practice, my child has my permission to: (initial all that apply)

1. \_\_\_\_\_ walk/ride bike home
2. \_\_\_\_\_ ride home with family member
3. \_\_\_\_\_ Other (explain) \_\_\_\_\_