



LONG BEACH UNIFIED SCHOOL DISTRICT
MIDDLE SCHOOL SPORTS PARTICIPATION FORM

Name of Student: _____

Date of Birth: _____ School: _____
(Month-Day-Year)

SPECIAL NOTE TO PARENTS OR GUARDIANS: You are requested to sign this Participation Form in order that the student concerned may engage in the Middle School Sports Program. Participation Forms are not required in the case of curricular or regular activities because of the insurance provisions which are made by the Board of Education. Constitutional and statutory provisions deny the right of this Board to make similar provisions for the Middle School Sports Program, hence the requirement of special participation approval.

The Board of Education deems many of the school recreation activities to be worthy for students but does not require them of students. These activities are voluntary on the part of the students and a signed Participation Form is one of the conditions necessary before participation. No penalty other than non-participation will be assessed if the Participation Form is not signed.

Nondiscrimination Statement: The Governing Board desires to provide a safe school environment that allows all students equal access and opportunities in the district's academic, extracurricular, and other educational support programs, services, and activities. The Board prohibits, at any district school, or school activity, unlawful discrimination, harassment, intimidation, and bullying of any student based on the student's actual or perceived race, color, ancestry, national origin, nationality, ethnic group identification, ethnicity, age, religion, actual or potential marital, parental or family status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression; or association with a person or group with one or more of these actual or perceived characteristics

PARENT AUTHORIZATION: In signing this form I/We are aware that this activity is a school recreation activity conducted under school supervision. It is not a required activity. I/We understand that the Board of Education, the school district or its employees will not be held liable for injuries resulting from participation of my child in this activity or from transportation related thereto.

SPECIAL NOTE: It is required that students have physical examinations prior to participating in the Middle School Sports Program.

The above named student has my permission to participate in the Middle School Sports Program during the _____ school year.

Signed _____ Date: _____

Address _____ Telephone _____

PLEASE CIRCLE SPORTS: Volleyball Flag Football Basketball Track Soccer

INSURANCE: I/We wish to acquire the following insurance coverage for the above named student. (Check coverage desired and return application form)

School time Protection Plan _____ Year-Around 24 Hour Protection _____
Equivalent insurance coverage (Must complete attached sports insurance certificate) _____

In case of accident, if parents cannot be notified immediately, please contact Dr. _____ Telephone: _____

In case of serious injury requiring immediate attention, school district employees are authorized to give first aid and obtain medical treatment or emergency hospital care.

Signature of Parent(s) or Guardian(s) _____ Date _____

Eligibility rules apply in all games including practice, scrimmage, league, tournament, and playoff games. To protect your athletic eligibility you must:

- _____ Maintain a "C" average according to district policy
_____ Maintain in your school files an annual physical examination certifying that you are physically fit to try out and /or participate in athletic activities.

I hereby certify that I meet all of the qualifications for eligibility.

Signature of Student _____

THIS CARD MUST BE FILED WITH SCHOOL BEFORE ANY STUDENT MAY RECEIVE EQUIPMENT, PARTICIPATE IN TRY-OUTS OR PRACTICE, OR COMPETE IN ANY CONTEST