SIMI VALLEY UNIFIED SCHOOL DISTRICT

Athletic and Activity/Club Insurance Registration Form 2025/2026

My student wishes to participate in the following sports or activities

___ Cross Country	___ Flag Football	___ Soccer	___ Basketball	___ Track & Field
___ Baseball	___ Tackle Football	___ Tennis	___ Volleyball	___ Wrestling
___ Softball	___ Hockey	___ Golf	___ Cheerleading	___ Band/Orchestra
___ Badminton	___ Swimming	___ Water Polo	___ Drill Team	___ Other( )

All prospective participants must complete these materials, provide proof of medical insurance, and have a parent/guardian signature authorizing their participation prior to participating 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 of at least $1,500 while practicing for or participating in athletic activities under the jurisdiction of a public school district. "Member of an athletic team" means member of any extramural athletic team engaged in athletic events on or outside the school grounds, maintained or sponsored by the educational institution or a student body organization thereof. "Member of an athletic team" also includes members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event, including activities incidental thereto, but only while such members are being transported by or under the sponsorship or arrangements of the educational institution or a student body organization thereof to or from a school or other place of instruction and the place at which the athletic event is being conducted.

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. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally insured programs. Information about these programs, which include other comparable no-cost or low-cost local, state, or federally sponsored health insurance programs, may be obtained by calling 1-800-722-3365 or the Healthy Families and Medical Programs Information Line at 1-800-880-5305.

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 the Simi Valley Unified 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 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. Therefore, I do not want my student to subscribe to membership in the insurance program made available through the school district for accidental bodily injury and hereby release the Governing Board and school officials of the Simi Valley School District from all responsibility to provide the insurance required under California Education Code Section 32220-32224. I WILL NOTIFY THE SCHOOL OF ANY CHANGE OR LAPSE IN THE ABOVE COVERAGE.

☐ A copy of student's proof of medical insurance is attached/uploaded.

Option B ☐ **I wish to participate in the Student Accident Plan made available by Simi Valley Unified School District.**

An insurance enrollment form should accompany this form, or you can obtain one online at the Student Insurance provider website.

1. Log on to www.peinsurance.com. Under "Products", click on "Students", then click the appropriate link for a Brochure in English or Spanish. **You may also sign up online and print proof of your coverage (attach to this document)** OR
2. Print Brochure, complete and bring to your coach or teacher to forward to the insurance company with your payment.

☐ A copy of student's proof of insurance is attached/uploaded.

_____ Date_____

Signature of Parent/Guardian