Sinaloa Middle School 2025-2026
Intramural Sports Permission Form

Dear Parent/Guardian,

This message is to let you know that your student has started the Intramural / Extramural Athletic Clearance process **to participate in Basketball, Wrestling, Volleyball, Pickleball, Flag Football, Flag Team, ROTC and or Cross Country** for Sinaloa Middle School.

The final step in this process requires parent/guardian and student signatures in agreement of the consent to participate. Please read, sign and return this form to the front office. Please contact the intramural coach or front office if your child is in need of student accident insurance or go to the link provided on the other side of this page.

I hereby give my consent for _____, hereafter named my child or ward, to compete in athletics. I authorize my child or ward to be supervised by a representative of the school on athletic associated trips.

In the event of illness or injury, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).

I also acknowledge that I have understood, read, the following information through the Sinaloa Webpage.To review the PDF copies of the forms, please go to "Information>Wrestling" at sinaloa.simivalleyusd.org. THIS FORM MUST BE **ENTIRELY** FILLED OUT.

- Assumption of Risk and Informed Consent
- Concussion Information Sheet
- Sudden Cardiac Arrest Information Sheet
- Opioid Fact Sheet
- Physical Contact Acknowledgement Form
- Heat Illness Form
- Steroid Information
- I have provided medical insurance information on the back of this form./ OR/
- I have been offered a low cost Student Accidental Insurance Policy from SVUSD.
- Parent Code of Conduct

_____**parent/guardian initials**

This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Student participation in our sport programs is at the discretion of our administration. Students must be in good standing in the following categories: grades, attendance and disciplinary record. Any student not in good standing will not be allowed to participate or attend games.

Parent/Guardian Name _____

Parent/Guardian Signature_____Date_____

Parent/Guardian Phone Number_____

Parent/Guardian Email_____

Please provide the following information for proof of medical insurance:

_____
Health Insurance Company

_____
Policy Number

_____
Group Number

IF YOUR STUDENT DOES NOT HAVE HEALTH INSURANCE you may go to https://www.peinsurance.com/products/student-insurance/ to purchase a low cost accidental insurance policy for your student. Contact the office for more information.

Please List additional emergency contacts, should the parent/guardian be unavailable:

_____ _____
Emergency Contact Telephone

_____ _____
Emergency Contact Telephone

Questions please email ranjit.gill@simivalleyusd.org or pamela.mikita@simivalleyusd.org