FRESNO UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE INFORMATION AND PERMISSION SLIP
HIGH SCHOOL SPORTS

2025-2026

In order for your student to participate in athletics, they must be covered for the following:
MEDICAL AND HOSPITAL INSURANCE FOR AT LEAST $1500.00
Please choose below which insurance plan you are purchasing and complete the online form at https://studentinsuranceusa.com/
If you have your own insurance, fill in #2.

1. All Interscholastic Sports (Tackle Football Excluded)

	Low	Mid	High
School Hours	$14.00	$28.00	$43.00
24 Hours	$82.00	$105.00	$210.00

2. Own Insurance:
Medical _____
Company Name and group or Policy Number

I, as parent or guardian of_____, a student at_____High School give my permission for him/her to participate in the following activities:_____.

I hereby acknowledge that I have been informed that pursuant to the provisions of Education Code Sections 32220-24, et.al. amended by the 1981 State Legislature, the governing boards of the various school districts shall NOT require that each member of an athletic team have $1500.00 for accidental death. At least $1500 hospital coverage arising while such members are engaged in, or preparing for, an athletic event promoted under the sponsorship or arrangements for the educational institution or a student body organization IS required.

It is my understanding that my child must be protected by insurance in order to participate as a member of an athletic team. It is further my understanding that I may purchase, through the school, a special insurance policy for football and a special student accident policy which will protect my child for all other sports under the provisions of the law, but that in lieu of purchasing a special insurance policy I, as parent or guardian, may provide insurance for my child.

This is to certify that my child is protected under insurance, and that I hereby agree to indemnify and hold the Fresno Unified School District harmless against responsibility for insurance coverage required under aforementioned legal sections.

→PARENT/GUARDIAN SIGNATURE:_____DATE:_____

INFORMED CONSENT

There have been many improvements in coaching techniques and the National Rules Federation reviews game rules annually to make appropriate changes for the athlete's safety. Advances in Sports Medicine in recent years also contribute to that end. It is the utmost importance to you, the player, to know the rules and play within the spirit of those rules for your own safety.

It is also important, however, for the player and the parents to realize that injuries can occur and occasionally they can be catastrophic. Catastrophic means permanent, serious injury such as paralysis-partial or total, and even death. It is possible for this to happen to you and it is important for you to fully understand this before participating in this sport.

I HAVE READ THE ABOVE STATEMENT AND FULLY UNDERSTAND ITS IMPLICATIONS. AS A PARENT/GURARDIAN, I ALSO GIVE MY PERMISSION TO TRANSPORT MY SON/DAUGHTER TO ATHLETIC CONTESTS ON DISTRICT APPROVED TRANSPORTATION.

→PARENT/GUARDIAN SIGNATURE:_____DATE:_____

→STUDENT SIGNATURE:_____DATE:_____

DO NOT MAIL THIS FORM – INTERNAL DOCUMENT – TO BE KEPT ON FILE AT SCHOOL

REV. 7/25