

**FREMONT UNION HIGH SCHOOL DISTRICT
ATHLETIC/ACTIVITY PARTICIPATION AUTHORIZATION**

EMERGENCY INFORMATION

(PRESS FIRMLY WHEN COMPLETING -4 COPIES)

SCHOOL YEAR _____

LIST ALL ACTIVITIES _____

Student's Name: _____ Address: _____ Grade _____
 Last First Street City Zip

Parent/Guardian: _____
 Name Home Phone Work Phone
 Name Home Phone Work Phone

List emergency contact other than parent / guardian: _____
 Name Phone Number

Special Health Considerations: _____

Physician/Practitioner: _____ Phone _____

Dentist: _____ Phone _____

VOLUNTARY ATHLETIC/ACTIVITY WAIVER OF LIABILITY and CONSENT

The undersigned understands that athletics/school activities are voluntary and not a required part of the high school curriculum. Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue. The Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Fremont Union High School District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

It is understood by the student and his/her parents or guardians that the Fremont Union High School District, the district high school of his/her attendance including the faculty and staff, as well as the Associated Students, assume no liability for injuries incurred in school sponsored athletics/activities. Furthermore, the school district assumes no responsibility or liability for transporting students to and from athletic events or activities. It is further understood that the above-named student may travel by automobiles operated by District employees, adult volunteers, or other licensed drivers, including students.

It is understood that the dangers and risks of playing or practicing to play/participate in the above sport/activity include, but are not limited to, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury or impairment to other aspects of my body, general health and well-being, and death. It is understood that the dangers and risks of playing or practicing to play/participate in the above sport/activity may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

California law (Education Code Section 32220-24) requires every member of an athletic team to have accidental bodily injury insurance providing at least \$1,500 of scheduled medical and hospital benefits.) Any student athletic injury must be reported to the coach before leaving place of game or practice so proper report forms may be filled out. All medical, hospital, ambulance or other bills shall be charged to the parents or guardians and shall be considered the bill of such parents or guardians.

Please complete the following:

We have insurance coverage for our family which provides \$1,500 medical and \$1,500 hospital benefits with:

_____ ID# _____
 Name of Company

PARENT/GUARDIAN PLEASE NOTE: PLEASE BE SURE THAT YOUR POLICY COVERS CONTACT SPORTS!

I hereby give my consent for the above-named student to participate in athletics and other school activities. I authorize the student to be released from school as required in order to participate in the sports/activities. In case this student becomes ill or is injured, Fremont Union High School District is authorized to have the student treated and I authorize the medical agency to render treatment.

The Undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the athletics/school activities and is fully aware of the legal consequences of signing this document.

In addition, I have read and I understand the Fremont Union High School District's Athletic Code including the CIF notice to Parents, and the risk warning. I agree to follow the spirit of the code with regard to good sportsmanship as a student. I realize team membership is a privilege and acknowledge the coach's right to exercise rules and regulations for the good of the team.

SCHOOL _____ STUDENT'S SIGNATURE _____ PARENTS/GUARDIAN'S SIGNATURE _____ Date _____

PHYSICIAN'S STATEMENT (Required for Athletic Activities)

I hereby certify that the above named student was examined by me on _____, 20____, and found physically fit to engage in athletics and/or other school activities.

Physicians ID Number: _____ Physician's Signature _____