

Sanger Unified School District
SPORTS PERMISSION SLIP / MEDICAL AUTHORIZATION

_____ School Student: _____
(Name)

I give permission for my child to participate in the following activity:

Activity: _____

Season: _____

INSURANCE INFORMATION

In order to participate in any sporting activity as a member of an extramural athletic team on or outside the school grounds, your child must have insurance protection.

- I have insurance for my child.
Insurance Carrier: _____
Policy No.: _____
- I will arrange to purchase student accident insurance as a second choice.

PERMISSION TO TRANSPORT STUDENT

I hereby give permission for the district to transport my child to and from the sports activity, including practice and competition, as may be necessary. I understand the transportation may be by schools bus, charter bus, school van or private vehicle.

MEDICAL AUTHORIZATION

In the event of a medical emergency and if I/we cannot be reached, I authorize the School District and its employees to consent to any medical treatment, examination, or tests necessary for the care of this child.

<u>Contact Persons</u>	<u>Daytime Phone Number</u>	<u>Nighttime Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Dated: _____

Parent or Guardian Signature

Adopted 1/16/97
Revised 4/13/00

FORM NO. PS-100E

SANGER UNIFIED SCHOOL DISTRICT

VOLUNTARY ACTIVITIES PARTICIPATION
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____ to participate in the District sponsored activity(ies) of _____.

- I understand and acknowledge that these activities have inherent risk of injury/illness to individuals who participate in such activities.
- I understand and acknowledge that participation in these activities is voluntary and is not required by the District.
- I understand and acknowledge that by participating in the activity(ies), I and my son/daughter are assuming responsibility for the inherent risks associated with participation in such activity(ies).
- I understand and acknowledge that the district, its employees, officers, or agents are not responsible for any injury/illness which results from a risk inherent to the activity(ies), and which is incident to and/or associated with preparing for and/or participating in the activity(ies).

I acknowledge that I have carefully read both sides of this VOLUNTARY ACTIVITIES PARTICIPATION form and that I understand its terms.

Parent/Guardian

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION form must be on file with the district before a student will be allowed to participate in the above extra-curricular activities.