

**NOTE:
NO REFUNDS WILL BE GIVEN**

Physical Completed: _____

**SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT
SUMMER HIGH SCHOOL ATHLETIC PARTICIPATION FORM "B"**

STUDENT _____
Last First Middle Initial

SCHOOL _____ ACTIVITY _____

BIRTHDATE _____ GRADE _____

PARENT/GUARDIAN _____ TELEPHONE _____

ADDRESS _____
Street City Zip Code

FATHER'S PLACE OF BUSINESS _____ TELEPHONE _____

MOTHER'S PLACE OF BUSINESS _____ TELEPHONE _____

In the absence of a parent, please call the following person(s) in case of illness or accident:

Name Relationship Home Phone Work Phone

TO BE COMPLETED BY PARENT:

TRAINER CONSENT: I give permission for the Athletic Trainer to administer immediate first aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgment as approved by the consulting physician. () YES () NO*

TREATMENT CONSENT: Should my son/daughter be injured, the school supervisor has my permission to secure on-the-spot medical treatment (the parent/guardian will be contacted as soon as possible for direction) and I will be responsible for payment of medical services rendered. In addition, I am aware of Education Code Section 35330 which provides that all persons making a field trip or an excursion are deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the trip or excursion. () YES () NO*

TRANSPORTATION: I give permission for my son/daughter to be transported to events that may require the use of private cars. These cars may be driven by a staff member, parent, or by the athlete driving alone in their own vehicle. The District requires proof of automobile insurance and driver's license. () YES () NO*

*If your answer is no, please advise the school as to what action you would like to be taken.

ACTION TO BE TAKEN _____

INSURANCE:

- A. My son/daughter is covered for this athletic activity under our Health/Medical Plan which provides minimum coverage, as required by Education Code Section 32221. Contact school office for copy of education code.
Name of Company _____ Policy Number _____
- B. I have school insurance on file. School Insurance Plan: _____
- C. WARNING: We realize there is a possibility that a child may suffer severe injuries, including permanent paralysis or death, as a result of participating in athletic activities.
- D. Under penalty of perjury the undersigned residents of California state that they are the parents, guardians or other person having legal custody of the minor.

RESIDENCY:

C.I.F Southern Section states that students may only attend the Summer Conditioning Program at the high school where they are enrolled.

DATE SIGNATURE OF PARENT/GUARDIAN SIGNATURE OF STUDENT