

ATHLETICS

TRAVEL WAIVER, MEDICAL AUTHORIZATION AND CONSENT TO PARTICIPATE

SCHOOL:

STUDENT NAME:

My son/daughter/ward has my permission to participate in athletics. I am aware that during any sports event certain dangers may occur, including, but not limited to, the hazards created by the forces of nature and other means, including walking. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand and do hereby assume all of the above mentioned risks, will hold the school, the Hollister School District, its officers, agents and employees harmless from any and all liability or claims whatsoever which may arise out of, or in connections with, a trip or participation in any activities arranged for the participant by the school and the Hollister School District. The terms thereof shall serve as a release and assumption of risk for my heirs, executor, and administrators, and for all members of my family.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these and regulations may result in that individual being sent home at this/her parents and/or guardian's expense. "I hereby give my consent for my child to complete/attend/participate in all athletic events designated above."

ATHLETIC CODE OF CONDUCT

We expect our athletes to conform to the following guidelines as a code of conduct beginning one month previous to the first organized practice in order to participate:

1. CONDUCT OF AN ATHLETE

- a. During participation: Any behavior, which reflects badly on the team, coaches, school and/or community, will not be tolerated. Violations can result in removal from the team.
- b. Team Travel: All players must go and return in the vehicle they were assigned to. In order for an athlete to return home with his/her parents or another vehicle, the coach must release the athlete. On trips, you are directly representing your school, team, family and coaches. It is, therefore, expected that you will conduct yourself in an acceptable manner.
- c. Practice: Athletes or parents must personally inform the coach in the event he/she cannot attend practice in advance. Unexcused absences from practice will be dealt with by individual team rules. Any athlete missing 3 or more practices for any reason, may be removed from the team at the coach's discretion.
- d. Dropping the sport after the tryout period. If a student quits an athletic team without the coach's consent, or is unable to finish the sport due to improper conduct, she/he may not participate in any other sport for 12 weeks from the date in which he/she dropped.

2. SCHOOL REGULATIONS AFFECTING ATHLETIC PARTICIPATION

- a. A student must be currently enrolled in at least six (6) classes and have achieved a grade point average of 2.0 with no F's in current and/or previous grading period.
- b. If at any time an athlete seeks medical attention, he/she must have a written medical release turned into the school nurse and coach before resuming practice or competition.
- c. All athletes are expected to participate in physical education with the same level of performance used during their sports. If an athlete chooses not to, he/she may lose playing time or be removed from the team at the discretion of the coach.

SAFETY LIST FOR SPORTS ATHLETES

Most sports are contact sports and injuries may occur. The coaches working in our program are well-qualified, professional people. Fundamentals related to all sports will continually and repeatedly be emphasized on and off the field. The illegal play by participating athletes will NOT BE TOLERATED and all athletes are repeatedly reminded of the

dangers of unsportsmanlike acts. This report does not cover all potential injury possibilities, but it is an attempt to make the athletes aware that fundamental, coaching and proper fitting equipment is important to their safety and necessity of using the proper techniques while participating in sports at the school.

VOLUNTEER ACTIVITIES/ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

I authorize my child to participate in the school athletic activities. This participation form is used for the following voluntary activities: Cross Country, Basketball, Soccer, Volleyball, Flag Football, Softball, Wrestling and Track. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury to individuals who participate in such activities. I understand and acknowledge that some of the injuries, which may result from participating in these activities, include, but are not limited to the following: Sprains/strain, head/back injuries, fractured bones, unconsciousness, paralysis, cuts/abrasions, and loss of eyesight. I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the school for course credit or for completion of graduation requirements. I understand and acknowledge that in order to participate in these activities, I and my child agree to assume liability and responsibility for an and all potential risks which may be associated with participation in such activities. I understand, acknowledge and agree that the school and the Hollister School District, its employees, officer, agents or volunteers shall not be liable for any injury suffered by my child which is incident to and/or associated with preparing for participating in this activity.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM THAT I UNDERSTAND AND AGREE TO ABIDE BY ITS TERMS.

Athlete Signature:

Date:

Parent/Legal Guardian Signature:

Date:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: (Father)

Parent/Guardian Name: (Mother)

Phone Number: (Home) (cell)

Phone Number: (Home) (cell)

EMERGENCY CONTACT NAME: PHONE:

PLEASE READ AND INITIAL OR SIGN THE FOLLOWING:

Medical Insurance Transportation I have medical insurance which cover my child. The school and the Hollister School District does not provide transportation for athletes. It will be necessary for parents and/or coaches to provide transportation to and from away games. Insurance is required of all drivers. For information on required coverage, please call your school. I give permission for my child to travel to and from games by private vehicle.

Physical Limitations All students should have a complete physical medical examinations before participating in athletics. I certify that my child has no known physical limitations that would limit their performance or be aggravated by their performance in athletics.

Parent Provided Transportation I am willing to use my private vehicle to transport athletic teams to and from games.

1. **Insurance Minimum Requirement:** (Attach copy)

I carry at least the minimum liability insurance required by the State of California.

Insurance Company: Policy #: Expiration Date:
CA Driver License #: Expiration Date:
Cell Phone #:

I understand that whenever I use my private vehicle to provide transportation for students to and from the events that:

- a. The District DOES NOT PROVIDE collision insurance for my private vehicle.
b. The District DOES NOT provide secondary liability insurance for property damage and bodily injury for my private vehicle. If loss should occur, my insurance policy will be "PRIMARY" and the District's will be "SECONDARY."
c. I will provide a current cell phone number of Emergency Contact. Cell phone usage is prohibited while the vehicle is in motion.

2. **Financial Charge:** There will no financial charges to the students for pupil transportation provided by vehicle.

3. **Number of Passengers:** The number of passengers to be transported in a private vehicle will not exceed the number of seat belts available for their use. The driver must ensure that each passenger has fastened their seat belt before placing the vehicle in motion. Also, the number of passengers being transported must not be so great as to interfere with the driver's ability to operate the vehicle safely. Passengers under 8 years of age or under 4'9" must be in appropriate car seats and shoulder straps. Air bag requirements will be adhered to according to manufacturer's recommended usage

4. I understand the above passenger limitations and agree to abide by them whenever I provide student transportation for events. I certify that my vehicle is not and will be in good mechanical condition whenever it is used to provide transportation.

In accordance with these passenger limitations, I can transport students.

Parent/Guardian Name (Print): Parent/Guardian Signature: Date:

Student's Name: Teacher:

Principal/Site Administrator has reviewed insurance requirement and Megan's Law list to approve this automobile and driver for District students to and from school and District sponsored events. (Attach PARENT PROVIDED TRANSPORTATION FOR FIELD TRIP BY PRIVATE VEHICLE Form)

Megan's Law

Insurance Minimum Requirements

Principal/Administrator Signature:

Date: