



Athletic / Extra-Curricular Eligibility Sheet

COMPLETE THIS FORM AND RETURN IT TO THE ATHLETIC DIRECTOR OR AFTER SCHOOL SUPERVISOR

SCHOOL SITE _____

STUDENT SECTION:

Home Phone _____

Parent Work Phone _____

Student ID # _____

Name _____ Sex _____ Birthdate _____

Address _____ City _____ Zip _____

Student's Signature _____

Date _____

PARENT SECTION:

1. I hereby give consent for my son or daughter to participate in _____ this school year.
(Name of Sport)

I (want) (do not want) him / her to be insured under the current district-adopted supplemental plan.
(Circle One)

I understand that the maximum coverage is recommended if there is no other insurance coverage.

Note: Meyers-Stevens policies are effective the day after purchase

3. I (have) (do not have) an insurance plan that gives him / her the same or better coverage than the school plan.
(Circle one)

Name of Insurance Company _____ Policy # _____

4. I WILL IMMEDIATELY INFORM THE SCHOOL OFFICE AND THE COACH OF ANY CHANGE IN INSURANCE COVERAGE

Parent or Guardian Signature _____

Date _____

5. In the event of an emergency and I cannot be reached, please call _____
At _____ (Name / Relationship)

Parent or Guardian Signature _____

Date _____

.....

Site Representative _____

Final Clearance

Date _____



Sweetwater Union High School District

1130 Fifth Avenue, Chula Vista CA 91911

NOTICE TO PARENTS AND ATHLETES

The Sweetwater Union High School District supports interscholastic athletics at its high schools. Student's participation in any of these extra- curricular athletics is voluntary and a privilege. As a condition of participation, the student and his or her parent(s)/guardian(s) must agree to **ASSUME THE RISKS OF INJURY OR DEATH** involved in these activities.

Participation in any athletic activity may well involve injury of some type to either the athlete or a fellow student athlete. Such injury can include direct physical and possible crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury on another. The severity of such injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury, such as complete paralysis, or even death. Such injury can impair ones general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally enjoy life.

Participation in any athletic activity involves the **RISK OF SERIOUS INJURY OR DEATH**. These include neck and spinal injuries which can result in complete or partial paralysis; injury to the head including brain damage; eye, dental, hearing and other head injuries; injury to the body, nerves, blood vessels and internal or reproductive organ; and injury to the body's bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. In addition, there is the possibility of suffering emotional distress or psychological injury as a result of participating in athletics. Injuries can result from; the correct or incorrect performance of playing techniques; contact with other participants, equipment, the practice or competition area; or other solid objects around the area; training room procedures; the use of training equipment; the administration of first aid; or following game, training, safety or other team rules. Injury may result from the use of playing techniques taught to and/or from teaching methods employed by School District coaches. The use of transportation provided or arranged by the School District to and from events and other related activities also involves a risk of injury or death.

The purpose of this **WARNING** is also to bring to your attention the existence of potential dangers associated with athletic participation. There is, however, always the risk of other types of injuries or the risk or death resulting from other causes not specified here.

The purpose of this **WARNING** is also to aid you in making an informed decision as to whether you or your child or ward should participate in this athletic activity. In addition, its purpose is to make you aware that as a student athlete, or as a parent or guardian of a student, it is your responsibility to learn about and/or to inquire of coaches, physicians, or other knowledgeable persons about any concerns that you might have at any time regarding athletic safety and the safety of the School District's athletic programs.



**NOTICE OF INVOLVEMENT
IN HIGH RISK ACTIVITY**

I. AGREEMENT

We agree that our son/daughter, _____ may participate in
(Name of Student)

practice for _____ at _____
(Name of Sport) (School)

II. UNDERSTANDING OF RISK

We understand that this activity is high risk and possibly dangerous or life threatening. We also understand that serious injury can occur to the head, neck or spine, as well as the other body parts.

III. HOLD HARMLESS STATEMENT

I (we) do hereby release and agree to indemnify, defend and hold harmless the District, its officers, agents and employees from any claims, demands or suits of personal injury, illness or death which the student named above may suffer as a result of his/her participation in the interscholastic sports programs at any District school, where such personal injury, illness or death results, or allegedly results, in whole or in part from the above referenced student participating in interscholastic sports.

Signature of Parent _____

Date: _____

Signature of Participant _____

Date: _____



Sweetwater Union High School District

CALIFORNIA LAW (EDUCATION CODE SECTIONS 32220-32224 and 49470-49474)

The California Education Code requires that each member of an athletic team shall have insurance coverage for accidental death in an amount of at least \$1,500 and, in addition, have insurance coverage for medical and hospital expenses in an amount of at least \$1,500 while practicing for or participating in athletic activities sponsored under the jurisdiction of a public school district.

The Sweetwater Union High School District provides for accidental death benefit coverage in the amount of \$1,500 for any student traveling to and performing duties in connection with an athletic event of for athletic team members while practicing for or participating in such event.

The district does not provide for insurance coverage for medical and hospital expenses for students accidentally injured on school premises or injured while participating in interscholastic athletic events. For this reason, the district has approved a medical/dental insurance program made available through the insurance carrier approved by the Sweetwater Union High School District, which parents may purchase at a reasonable cost. The benefits available under this plan fulfills the requirements of the Education Code.

In order to comply with state law, each athletic team member must be enrolled in either the district approved medical plan or have medical insurance coverage in an amount of at least \$1,500 provided under any other type of insurance plan(s) which may have been purchased by the student or by the parent/guardian.

If separate coverage is provided, parents/guardians may elect not to purchase the district approved medical plan. In this case, parents/guardians must complete and sign the following waiver of insurance as evidence of other insurance coverage in order for a son/daughter to be eligible to participate in interscholastic athletic events.

ATHLETIC INSURANCE PROTECTION WAIVER

_____ School _____ Date

I, _____, parent/guardian of _____
Name (Pupil's Name)

Do hereby declare that that I am aware of the above provisions of the California Education Code. I am further aware that the required insurance coverage specified above is available through the insurance carrier approved by the Sweetwater Union High School District.

I hereby declare that my _____, _____ has medical insurance in the
(Relationship) (Pupil's Name)

amount of \$ _____ administered by _____ Company, Policy # _____, which will provide coverage for medical and hospital expenses resulting from accidental bodily injury while practicing for or participating in interscholastic athletic events.

I therefore do not want _____ to subscribe to membership in the insurance program made
(Pupil's Name)

available through the school district for accidental bodily injury and hereby release the governing board and school officials of the Sweetwater Union High School District from any and all responsibility to provide the insurance required under California Education Code Sections 32220-32224.

I will notify the school principal of any change or lapse in the above policies.

Father or Guardian Signature

Mother or Guardian Signature

"Sweetwater Union High School District programs and activities shall be free from discrimination based on gender, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation or the perception of one or more of such characteristics." SUHSD Board Policy 0410