ATHLETIC PERMISSION AND HOLD HARMLESS

VOLUNTARY PARTICIPATION

(Name of Student) extra-curricular activities (athletics) sponsored by			has my permission to participate in the following voluntary		
Basketball	Uolleyball	Tackle Football	Soccer	Swimming	Tennis
ACKNOWLEDGE	EMENT				

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 also understand and acknowledge that my child must meet the minimum student behavior and performance requirements of the ______School District in order to participate in practices, preparation and sporting events.

I also understand and acknowledge that participation in the above sport/s, by their very nature, pose the potential risk of serious injury to individuals who participate in such activities including, but not limited to the following:

Sprains/strains	Head and/or back injuries	Fractured bones	Paralysis
Cuts/abrasions	Loss of eyesight	Unconsciousness	Death

HOLD HARMLESS AGREEMENT:

I UNDERSTAND, ACKNOWLEDGE AND AGREE TO HOLD HARMLESS THE ______SCHOOL DISTRICT, ITS BOARD OF TRUSTEES, OFFICERS, AGENTS AND EMPLOYEES INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL COSTS, LOSSES, CLAIMS, DEMANDS, SUITS, ACTIONS, PAYMENTS AND JUDGMENTS, INCLUDING LEGAL AND ATTORNEY FEES, ARISING FROM PERSONAL OR BODILY INJURIES, PROPERTY DAMAGE OR OTHERWISE, HOWEVER CAUSED, BROUGHT OR RECOVERED AGAINST ANY OF THE ABOVE THAT MAY ARISE FOR ANY REASON FROM OR DURING OR BE ALLEGED TO BE CAUSED BY THE ABOVE STUDENT'S PARTICIPATION IN THE ABOVE ATHLETIC EXTRA-CURRICULAR ATHLETIC ACTIVITIES

IMMUNITY: As provided for in California Education Code Section 35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion; and all adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.

RELEASE: This provision shall not limit, to any extent, the immunity from liability afforded the District under California Education Code Section 35330. I agree, on behalf of myself and my child whose name is set forth on this form, to release, discharge, hold harmless and indemnify the District, its officers, employees and agents from all liability or claims, which may arise out of or in connection with my child's participation in this field trip or excursion.

MEDICAL TREATMENT:

Health or special needs: Check as appropriate and attach instructions if applicable.

My student has no special health needs the staff should be aware of, and no medication is required on the trip.
My student has a special need, and instructions are attached. Number of attached pages:
My student has the following allergies:
Other:

In the event of illness or injury, I do hereby consent to whatever x-ray exam, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary for my child in the best judgment of the attending physician.

I acknowledge that I have carefully read this Athletic Permission/ Hold Harmless form and that I understand and agree to its terms.

Parent/Legal Guardian Signature

Student Name							
Last	First	Middle Initial					
Address	Pho	one					
Family Physician	Pho	one					
Hospital							
I do not wish to enroll my son/daughter	r in the student accident insurance plan offered by th	ne School District.					
1. My child is insured by	Insurance Carrier						
 Policy # or Group Plan # provides at least \$10,000 insurance protection for medical and hospital expenses resulting from accidental bodily injuries incurred while participating in, practicing for, and traveling to and from athletic events. I shall maintain the above coverage during the school year and will notify the school if the coverage terminates or if the insurance carrier is changed. 							
 To the best of my knowledge n school sports program. 	 To the best of my knowledge my child has no physical problems that would keep him/her from participating in this after school sports program. 						
I certify under penalty of perjury that th	ne above information is true and correct.						
Parent/Legal Guardian Signature	Date						
	TRANSPORTATION						
I understand that the	School District will,	will not provide transportation to					
and from athletic events that are not he	eld on the school site. I also understand that my child cated that he/she has my specified permission to wal	d must be released to a parent upon					
HOME, OR AGREEMENT THAT YOU WILI	OF THE FORM BELOW WHICH SPECIFIES EITHER PERM L PICK THE CHILD UP PROMPTLY FROM OUR COACHES WILL KEEP PARENTS INFORMED ABOUT P						
My child: campus after practices and games.	has my permiss	sion to walk home from our junior high					
campus arter practices and games.							
	OR						
I agree to pick up my child		after practices or games promptly					
from our junior high campus. I understa	and that repeated late pick-ups may result in my chil	d being dropped from the team.					

(Athletic Permission Waiver-Med Tx Auth-Transport-2013)