



## Team Sports Authorization Form 2010-11

### I. PERMISSION AND VERIFICATION

- a. I hereby give my student permission to participate in interscholastic sports and to go with the representative of the school on trips necessary for this competition.
- b. In the event my student is injured, a MPHS representative is authorized to render first aid and/or secure medical treatment, including ambulance service, if necessary.
- c. My student has a medical and hospitalization policy (see attached).

### II. INJURY

- a. Both the parent/guardian and the student will affirm by signature that each understands the following statement regarding their liability in the event of student injury. It is understood by the student and his/her parents/guardians that Mid-Peninsula High School, the Board of Directors of Mid-Peninsula High School, including the faculty and staff, as well as the associated students, assume no liability for injuries incurred in school-sponsored athletics. California law (Education Code Sections 32220-32224) requires every member of an athletic team to have accidental bodily injury insurance providing at least \$1,500.00 of scheduled medical and hospital benefits. Any student athletic injury must be reported to the coach before leaving place of game or practice in order that proper report forms may be filled out. All medical, hospital, ambulance or other bills shall be charged to the parents/guardians and shall be considered the financial responsibility of such parents/guardians.
- b. Member of an Athletic Team Defined: "Member of an athletic team" means member of any extramural athletic team engaged in athletic events on or outside the school grounds, maintained or sponsored by the educational institution or a student body organization thereof. Also included: "Member of an athletic team" also includes members of school bands or orchestras, cheerleaders and their assistants, pompom persons, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event, including activities incidental thereto, but only while such members are being transported by or under the sponsorship or arrangements of the educational institution or a student body organization thereof to or from a school or other place of instruction and the place at which the athletic event is being conducted. All aspects of this policy will apply to these members of school bands, orchestras, etc. except the provisions requiring a doctor's signature which may be waived.

### III. TRANSPORTATION

Only transportation authorized by the school may be used by teams traveling to and from places of practice or athletic events. The faculty sponsor or coach will accompany the team and has complete authority on such trips.

### IV. EQUIPMENT & SUPPLIES

The student and his/her parent/guardian are responsible for the safe return of all equipment and uniforms issued to the student for an organized activity. The student will be charged for any misuse or loss of such equipment or uniform.



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**STUDENT NAME:** \_\_\_\_\_

As the parent/guardian, I signify that I have read and understood the Team Sports Authorization Form and the stated rules, regulations, and information are acceptable. I give full permission for my child to participate and travel with Mid-Peninsula High School Team Sports during the entire season of the 2010-11 school year. I also agree to the above conditions concerning injury, transportation, requirements, participation, insurance, and equipment.

Insurance company: \_\_\_\_\_

Policy # \_\_\_\_\_

Does your policy cover all interscholastic sports? \_\_\_\_\_

Does your student have any health limitations known to you that might be aggravated by any competitive sports participation? \_\_\_\_\_. If yes, please explain below:

Is your student allergic to penicillin and/or tetanus? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name                      Signature                      Date

\_\_\_\_\_  
Parent/Guardian Name                      Signature                      Date

\_\_\_\_\_  
Student Name                      Signature                      Date

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### PHYSICIAN CERTIFICATION

I hereby certify that \_\_\_\_\_ was examined by me on \_\_\_\_\_ and is physically qualified to engage in competitive sports.

\_\_\_\_\_  
Physician Name                      Signature                      Date

\_\_\_\_\_  
C.P.S. Number