

# William S. Hart Union High School District

## Athletic Clearance Form

- 1. Warning to Student-Athlete and Parents
- 2. Certificate of Student Insurance
- 3. Parent Consent and Co-Curricular Agreement

Active Sport(s):  
 Fall \_\_\_\_\_  
 Winter \_\_\_\_\_  
 Spring \_\_\_\_\_

**You must complete all sections of this form before your daughter/son can participate in Interscholastic athletic practices and contests**

Please print all information

Name \_\_\_\_\_ ID# \_\_\_\_\_ Grade **9 10 11 12**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone # \_\_\_\_\_  
 State \_\_\_\_\_

School Attended Last Year \_\_\_\_\_ Sex **M F**

Name of Doctor \_\_\_\_\_ Doctor Phone( ) \_\_\_\_\_ FAX( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**1. Warning to Student-Athlete and Parents :**

By nature, competitive athletics may put students in a situation where **SERIOUS, CATASTROPHIC**, and perhaps, **FATAL ACCIDENTS** may occur. By granting permission for your student-athlete to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

Student-Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**2. Certificate of Student Insurance :**

It is the responsibility of the parent/guardian to secure insurance coverage prior to participation in athletics. Sections 32220-32224 of the Education Code requires that each member of an athletic team have insurance. I certify that my student is covered by insurance as required and further, said coverage will be in force for the entire current school year. I understand that the school district has made available an accident insurance program in which my child may enroll and that the program is optional.

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Myers-Stevens Insurance (optional) Date mailed : \_\_\_\_\_

**3. Parental Consent and Co-Curricular Agreement :**

I hereby give consent for my student to participate in Interscholastic Athletics in the Wm. S. Hart Union High School District. In case of injury to my daughter/son, you are authorized to have her/him treated. I further understand that in case of injury, the school staff and Associated Student Body is relieved of all liability from medical or hospital bills sustained in participation in interscholastic athletic competition. I hereby give my consent for my daughter/son to compete in sports and go with a representative of the school on any trip(s). I have also read the co-curricular policy regarding requirements for participation in school activities and agree to abide by the rules and regulations. (See "Notice of Rights, Regulations and Responsibilities")

Student-Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

