

Name of Sport \_\_\_\_\_

<i>Office Use Only</i>	
Donations:	
Check# _____	\$ _____
Cash \$ _____	

EMERGENCY CONSENT & INSURANCE INFORMATION  
 COMPLETE THIS ENTIRE APPLICATION

Student Athlete's Name: \_\_\_\_\_  
 (Please print last name first)

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

IN CASE OF EMERGENCY

Fathers Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Other: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

MEDICAL INSURANCE INFORMATION

A student will not be allowed to participate in the athletic activities unless he/she is insured for medical and hospital expenses. My son/daughter (or ward) is covered for athletic activity under our family Health/Medical Plan that provides a minimum coverage of \$1,500 for medical and Hospital expenses, which could result from athletic and other injuries, including football as required by Education Code Number 32220-24. This is not administered by the school district. The Athletic Director is to be notified in the event insurance coverage is terminated, changed or no longer applies to my son or daughter.

HEALTH INSURANCE – THIS IS MANDATORY INFORMATION AND  
 MUST BE FILLED OUT

The student named above has athletic insurance for at least \$1,500 for medical and hospital expenses provided by:

\_\_\_\_ Personal Insurance (If checked – fill in company name, policy or group number and type of coverage

Company Name \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

\_\_\_\_ I have district insurance (Meyers-Stevens) on file

\_\_\_\_ I wish to purchase district athletic insurance through Myers/Stevens. Contact the school athletic director for more details.

\_\_\_\_ I have Medicare and my student is covered under Medical # \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Serious Medical Conditions, Allergies, Medications (list) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

VOLUNTARY ATHLETIC ACTIVITY WAIVER OF  
LIABILITY AND CONSENT  
*PLEASE COMPLETE ENTIRE APPLICATION*

PLEASE READ CAREFULLY

VOLUNTARY ATHLETIC ACTIVITY WAIVER OF LIABILITY AND CONSENT: The undersigned understands that athletics/school activities are voluntary and not a required part of the high/middle school curriculum. Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instruction in said activity or any activities incidental thereto wherever or however the same may occur and continue. The undersigned does for him/herself his/her heirs, executor, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the San Jose Unified School District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise. It is understood by the student and his/her parents or guardians that the San Jose Unified School District, the district high school of his/her attendance including the faculty and staff, as well as the Associated Students, assume no liability for injuries incurred in school sponsored athletic/activities. It is further understood that the above named student may travel by automobiles operated by district employees, adult volunteers, or other licensed drivers 21 years of age or older, Neither the District nor its officers, agents, representatives or employees shall in any way be liable for the transportation, or for arranging the transportation, for the above named student whether such transportation is by automobile or by bus or by other conveyance operated by, or operated on behalf of the District, its officers, agents, representatives or employees.

IT IS THE INTENTION OF THE STUDENT \_\_\_\_\_ AND HIS/HER GUARDIANS BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE SAN JOSE UNIFIED SCHOOL DISTRICT FROM LIABILITY OR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

This form must be completed in order for coaches to release students to their parents instead of returning to school on the bus.

As per Board Policy 3541.1 of the San Jose Unified School District, when District transportation is provided, students may be released from using district transportation only with the advance written permission of their parent/guardian. By signing this document, I assume all responsibility for my son/daughter and release the San Jose Unified School District, its staff, and coaches from any liability.

Name of Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_