

TAMALPAIS UNION HIGH SCHOOL DISTRICT ATHLETIC PARTICIPATION CLEARANCE FORM

Parental Permission: I/we consent to the following:

A) _____ has my/our permission to participate in the following sports this school.
(student name)

M F Grade Level _____ Fall _____ Winter _____ Spring _____
Circle name of sport name of sport name of sport

B) **Has your student attended another high school within the past 12 months? If so, which: _____.**
I/we are aware of the CIF/NCS/MCAL transfer policy as outlined on the back of this page.

C) The above named student resides in the Tamalpais Union High School District, or has an approved interdistrict transfer, and will abide by the district's residency policies in order to participate in athletics.

D) I have read and understand all the information on this form and in the TUHSD Parent-Student Guide to Athletics which is available on each school's athletic website.

E) I/we permit the above named student to compete in interscholastic athletics and travel to away competitions. If he/she is injured, the coach and/or school official is authorized to have him/her treated.

F) If above named student is participating in swimming and/or water polo sport, I authorize the team coach to be in charge of supervision and safety at away contests at the pool.

G) I am aware that academic eligibility for Fall sports is based on June grades. **Entering 9th grade athletes must attach a June report card with this form.** See the TUHSD Parent-Student Guide to Athletics for academic eligibility information.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | | | |
|--------------------|----------------------------|---------------------|--------------------------|
| 1. Sprains/strains | 3. Concussions | 5. Paralysis | 7. Communicable diseases |
| 2. Fractured bones | 4. Head and/or back injury | 6. Loss of eyesight | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me incidental to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK** information, all information provided is truthful and that I understand and agree to its terms.

1. **Parent/Guardian Signature** _____ Date _____

Address: _____ email: _____
Street City Zip
Phone: Mother (h) _____ (w/c) _____ Father (h) _____ (w/c) _____

2. Medical issues of which the school/coach should be aware:

3. In case of injury/emergency (when parents/guardian are not available) notify:

Name/relationship _____ Phone(s) _____

4. Insurance Certification: This certifies that the above named student is covered by personal accident insurance in case of injury while participating in interscholastic athletics during the coming school year. **Low cost school insurance may have limits which may not cover ambulance or other major medical expenses. Please read and understand such policy terms.000000000000000000**

Insurance Carrier _____ Policy # _____

5. Doctor's Certification: This certifies that the above named student is physically able to participate in all interscholastic athletics during the coming school year, except for those sports listed below:

Excluded sports: _____

Physician's Name (please print) _____ Phone _____

Physician's Signature _____ Date _____

