

**SVUSD ATHLETIC INFORMATION FORM**

\*\*PLEASE USE BALL-POINT PEN AND PRESS HARD (YOU ARE MAKING 4 COPIES) AND PRINT LEGIBLY\*\*

**A. EMERGENCY DATA**

Student's Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ "Nickname" \_\_\_\_\_ Current Grade \_\_\_\_\_

Student's Birth Date     /    /     Student's Age as of September 1<sup>st</sup> \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Student's Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*\*HEALTH ALERT OR RESTRICTION\*\*\*\* Be specific if none write "NONE": \_\_\_\_\_

CIRCLE WHOM STUDENT LIVES WITH: Both Parents / Mother / Father / Legal Guardian / Specify Other \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Telephone No. \_\_\_\_\_ Home/Cell Telephone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Telephone No. \_\_\_\_\_ Home/Cell Telephone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Person To Be Called if Neither Parent Is Available \_\_\_\_\_ Work Telephone No. \_\_\_\_\_ Home/Cell Telephone No. \_\_\_\_\_

**B. INSURANCE VERIFICATION – CHECK APPROPRIATE LINE (1 or 2); COMPLETE ALL INFORMATION**

(1) \_\_\_\_\_ I certify that my son/daughter/ward is insured for at least \$1,500 insurance protection for medical and hospital expenses resulting from accidental bodily injury while participating in, or practicing, interscholastic athletics, or while being transported to and from such events. I further assure that the insurance policy or policies I hereby verify will remain current and in force during the time the above named student performs any function within the scope of Education Code Sections 32220-24 and 35330-31 during the current school year. **If any changes occur in coverage, I understand it is my responsibility to notify the school immediately.**

Insurance Company HMO / PPO (please circle) \_\_\_\_\_ Policy Number \_\_\_\_\_

(2) \_\_\_\_\_ I have purchased private supplemental student Insurance coverage as contracted through the District Office. The High School Administration Office has insurance applications and details of coverage plans offered.

Date Form Received \_\_\_\_\_ Time Received \_\_\_\_\_ Verified \_\_\_\_\_

**C. PARENT/GUARDIAN CONSENT AND AUTHORIZATION: STUDENT AGREEMENT:**

I understand that sports/activities (especially contact sports) are potentially dangerous and could lead to serious injury, paralysis or death. I understand that a medical doctor will not be in attendance at practices or games. Knowing these facts, I give my consent for my son/daughter to participate in athletics and to travel with a representative of the school on team trips. In case my son/daughter is injured, I hereby authorize emergency medical treatment.

**Under penalty or perjury, the undersigned resident of California hereby state and accept full responsibility for:**

1. That emergency data is correct and current.
2. That insurance coverage verification is understood, correct and checked appropriately.
3. That the full content of SVUSD Athletic Code has been read is understood and all terms of this code are agreed to by student and parent/guardian (available on the website or upon request).
4. That the Parental/Guardian Agreement has been read, is agreed to and approved.
5. That parental/guardian consent and authorization for said student to participate in athletics is given.
6. That I am the parent/guardian or other person having legal custody of this minor student.

Parent/Guardian Signature \_\_\_\_\_ Date     /    /     Student Signature \_\_\_\_\_ Date     /    /    

**OFFICE USE ONLY!!!**

FALL: BCC GCC FB GGLF GTEN GVB BWP PS  
 WINTER: BBB GBB BSO GSO GWP WR  
 SPRING: BAS BGLF BLAC GLAC SFT BSW GSW BTEN BTR GTR BVB