

SPORT / TEAM MEDICAL CLEARANCE FORM

School Year: 2009/2010

Student Name

Last: _____ **First:** _____

DOB: _____ **Phone:** _____

School: _____

Anticipated Team Activities

Fall: _____

Winter: _____

Spring: _____

A medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (nurse practitioners, chiropractors or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.

For Physician's Use:

I certify that I examined the above student and found him/her fit to compete in Team activities as follows: _____

Past injuries and physical conditions that should be watched are:

This Medical Clearance shall be valid for one year from the date signed below.

Date

Physician's Signature

SCUSD AGREEMENT FOR SPORT / TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

2009/2010 School Year

All sections of this Agreement must be completed, with the signed original turned in to the School Office, before a Student will be allowed to participate in any manner in Sporting Activities defined below.

► NOTE: A separate Agreement is required for each Sport in which the Student may participate.

Name of Student	Address:
Grade:	DOB:
School:	Telephone:
Team:	Cell Phone:

In Consideration for the Student's ability to participate in the Team [including any Sport, Cheerleading, Dance, or Marching Band], including try outs for the Team, participation in Team practices or training sessions, receiving coaching, training, and direction, participating in Team events, shows, performances, and competitions, and traveling to and from any of the foregoing activities ("Team Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (nurse practitioners, chiropractors or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during a Team Activity, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent and serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries") Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential Injuries, whether or not caused by the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Team Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against the District, or any Board Member, employee, agent or volunteer of the District ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member, and further understand that transportation to or activities at another location are "field trips" or "excursions" for which there is complete immunity pursuant to Education Code § 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Team Activities might present a risk of Injury, the Student will immediately discontinue further participation in Team Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Team Activities until the unsafe condition or

circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

7. California Education Code Section 32221 requires each member of a Team to have insurance protection for medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

a. Provide your own private medical and hospital expense insurance coverage. If this option is selected, please provide _____ (Name of Insurance Company), _____ (Policy number), _____ (list coverage dates or "continuous"). Under this option, by signing below, the Adult is certifying that the Student is presently covered under the listed Policy, the Student will remain covered under the Policy during the length of the Team season, and the provided insurance coverage complies with Section 32221.

b. Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating in the Team, through a coverage provider made available through the District and is available at your school office or by calling Risk Management at 643-9421. If you are financially unable to pay for such insurance, a payment waiver can be submitted [please contact Risk Management If the waiver is submitted, it remains the obligation of the Student and Adult to ensure that such coverage is actually purchased; with the District assuming no liability or obligation arising from any actual or alleged failure timely to assist or obtain such coverage for the Student.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian Signature Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

John F. Kennedy High School

EMERGENCY INFORMATION (REQUIRED)* SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

School _____
Grade _____ Room _____
Teacher/Counselor _____
Bus # _____ Bus Stop _____

LAST NAME (STUDENT)	FIRST NAME	INITIAL	B.D.	SEX	LEGAL LAST NAME (if different)
Address _____		HOME PHONE NUMBER _____			
Father _____	Employer _____	Phone _____		Ext _____	
Mother _____	Employer _____	Phone _____		Ext _____	
Legal Guardian _____	Employer _____	Phone _____		Ext _____	

In case of illness, emergency or accident and parent/guardian cannot be located, the following adults are authorized to act on behalf of the parent/guardian. (Please enter two names of local neighbors, friends, relatives, or sitter.)

1. _____	Phone _____	Relationship _____
2. _____	Phone _____	Relationship _____

In the event of an accident or other emergency, when a parent is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physician _____	(Address) _____	(Phone) _____
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The undersigned hereby agree to bear all costs incurred as a result of the foregoing.

Father's/Mother's/Guardian's signature _____	(Date) _____	Kaiser Medical Record Number (if member) _____
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I do not choose to sign the above statement. In the event of an accident or emergency, please: _____

H.F. #48
Stock #40-08720 (rev. 4/88)

Father's/Mother's/Guardian's signature

HEALTH INFORMATION

PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD

1. PLEASE CHECK IF THERE ARE NO KNOWN PROBLEMS _____
 2. Date of latest immunizations or boosters: Polio _____, DPT and/or DT _____, Measles _____, Rubella _____, Mumps _____
 3. Known eye condition or defect in vision _____ wears glasses _____ glasses to be worn at all times _____ contact lenses _____
 4. Known hearing problem _____ Uses hearing aid _____
 5. Has any condition which may result in classroom emergency. NO _____ YES _____ If yes, explain _____
 6. Has an illness of long duration or condition, such as: EPILEPSY _____ FAINTING SPELLS _____ DIABETES _____
HYPERACTIVE _____ ALLERGIC REACTION TO BEE STING _____ HEART CONDITION _____ ASTHMA _____
OTHER _____
Medicine prescribed on a regular basis, specify _____ dosage _____
Physician _____ Does the drug need to be taken during school hours? NO _____ YES _____
 7. Allergic to following drugs (please list) _____
 8. Has a physical condition which limits participation in: Classroom activities _____ Physical Education _____
If checked, please explain _____
Presently under the care of (physician) _____ Doctor's note required for special consideration.
 9. List brothers and sisters as follows (school age children only):
- | NAME | SCHOOL ATTENDING | GRADE | NAME | SCHOOL ATTENDING | GRADE |
|----------|------------------|-------|----------|------------------|-------|
| 1. _____ | _____ | _____ | 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ | 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ | 6. _____ | _____ | _____ |

*California Education Code 49408 requires that emergency information be kept current.

**The parent or legal guardian of a public school pupil on a continuing medication regimen for a non-epileptic condition (pupils taking medication on a long time regular schedule) shall inform the school nurse or other designated certificated employee of the medication being taken. (California Education Code 49480)