



**Athletic/Activity Report**

(Forgery of these forms will result in disciplinary action by the Associate Principal)

Sport/Activity

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
 Last Name (print)                                      First Name (print)                                      Grade                                      Boy/Girl                                      Sport

\_\_\_\_\_  
 Address                                      City/Zip Code                                      Home Telephone Number

\_\_\_\_\_  
**Age**                                      Birthdate                                      Month and year started ninth grade

\_\_\_\_\_  
 Did you **transfer** from another **high school**?      If so, what date?                                      List name, city, and state of the high school that you **transferred** from.

**Insurance Requirements**

California Law (*Education Code §§ 32220-32224*) requires every member of an athletic team to have at least \$1,500 medical and hospital coverage.

I ALREADY HAVE INSURANCE for my son/daughter which meets the requirements of California Law. The name of my insurance company is \_\_\_\_\_ and the policy number is \_\_\_\_\_. I will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

**School Insurance  
 Myers/Stevens Insurance Company**

I am purchasing Myers/Stevens insurance and returning the Myers/Stevens envelope with the Athletic Packet so the school can send it to the company. I am purchasing the following coverage: (check the appropriate coverage.)

\_\_\_\_\_ Tackle Football (covers only tackle football)                                      \_\_\_\_\_ School Time      Low      Med      High  
 \_\_\_\_\_ Full Time      Low      Med      High                                      \_\_\_\_\_ Full Time      Low      Med      High  
 \_\_\_\_\_ Student Health Care Payment Plan                                      \_\_\_\_\_ Extra Dental

**Athletic Commitments and Responsibilities**

I have read and understand the following sections of the Athletic Packet:

- Academic Eligibility Standards
- Athletic/Activity Code of Conduct
- District Letter Regarding Insurance Coverage
- Code of Ethics - Athletes
- Emergency Card
- Physical Form
- Student Insurance
- Participation Donation Letter
- Medical Treatment Authorization-Waiver, Release, and Indemnity Agreement

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