

ATHLETIC EMERGENCY WAIVER

IMPORTANT: Parent/Guardian must be sure to sign.

Student: _____ LAST _____ FIRST _____ MIDDLE _____ GRADE _____

DEAR PARENT/GUARDIAN: Your son/daughter has indicated an interest in the athletic program. Physical examinations (yearly) and medical/health insurance are required for participation. Medical coverage is available through the school and CIF Protection Plan.

WAIVER: The law requires that all students participating in an interscholastic event have insurance coverage of at least \$1,500 for hospital and medical expenses. I therefore waive the school offered insurance for my child as my son/daughter is insured in an amount not less than the law requires.

SCHOOL USE ONLY	
Physical Exam	_____
Student Body Cd.	_____
INSURANCE:	
Waiver	_____
Football	_____
All Other Sports	_____
Parent Perm.	_____

Address _____ Zip _____ Phone _____

Father (FULL NAME) _____ Employer _____ Phone _____

Mother (FULL NAME) _____ Employer _____ Phone _____

Person(s) to call if parent/guardian cannot be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Health Insurance Plan _____ School Plan _____ Kaiser Med. # _____

In case of emergency due to serious illness or accident when I cannot be contacted, I hereby authorize school personnel to obligate me for the services of a doctor, and in extreme emergency, the services of an ambulance.

My son/daughter may participate in all sports this year. (If no, please list exceptions)

Parent/Guardian Signature _____ Date _____