

**CAMPBELL UNION HIGH SCHOOL DISTRICT  
ATHLETIC PARTICIPATION CARD  
Westmont High School**

SPORT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Year in School: 9 10 11 12

Address (street/city/zip): \_\_\_\_\_

List two (2) emergency telephone numbers where parent/guardian may be reached:

Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

The student named above has athletic insurance for at least \$1,500 for medical and hospital expenses provided by:

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ all sports coverage \_\_\_\_\_ tackle football; or, we have purchased an insurance program made available through the school \_\_\_\_\_ (check)

*Parent/Guardian's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**MEDICAL EXAMINATION:** I have examined the above-named student and have found him/her physically able to participate in interscholastic sports.

*Physician's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special health consideration and instructions: ALLERGIES, DIABETES, HEART EPILEPSY, DRUG SENSITIVITY, etc:  
\_\_\_\_\_.

Current Medication(s): \_\_\_\_\_

**VERIFICATION OF RESIDENCE:**

With whom do you reside? \_\_\_\_\_ Parent/Guardian

How long have you resided at this address? \_\_\_\_\_

**STUDENT CONSENT:**

I am absolutely certain that my residence is within the district boundaries. I understand that if the information that I give is incorrect, the team will forfeit all of the games in which I played.

A student athlete who is in possession of or uses drugs, tobacco, or alcohol must participate in a BVAL approved intervention program with his/her parent. The student shall be declared ineligible from all interscholastic competition until completion of the intervention program.

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**PARENT OR GUARDIAN CONSENT:**

I have read and verify the above information and hereby give my consent for \_\_\_\_\_ to compete in interscholastic athletics and to travel with a representative of the school on any trips. In granting permission, I recognize the right of the school administration to establish conditions under which student participation is allowed. These conditions include, but are not limited to, scholarship, health and safety. In case this pupil is injured, I authorize the school or its representative to have him/her treated. I will promptly notify the school in the event insurance coverage no longer applies to my son or daughter.

*Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**WARNING TO ALL STUDENTS AND PARENTS:**

By its very nature, competitive athletics may put student in situations where serious and/or permanent injuries may occur. Some forms of athletic competition include physical contact among players, the use of equipment which may be hazardous, strenuous physical exertion, or other exposures to risk of serious and/or permanent injury.

By granting permission for your son or daughter to participate in interscholastic athletic competition, you and your student athlete acknowledge that such risks exist.

Student athletes will be instructed to proper techniques to be used in practice and competition, and in proper use of equipment.

Students must adhere to these instructions in order to reduce risk of injury. No amount of instruction, precaution, and supervision will totally eliminate all risk of injury.

*NOTE:* Parent or guardians are requested to exercise due care in filling out this card. It is recommended that you inquire of your insurance agent whether your child is covered for medical, hospital expenses and accidental death in the minimum amounts. If you have any questions about coverage, please notify the school immediately.