



## YREKA UNION SCHOOL DISTRICT

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Interim District Superintendent, James Berry

### **ATHLETICS / SPORTS VOLUNTARY ACTIVITIES PARTICIPATION ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK FORM**

Each member of a school athletic team shall be covered by an insurance policy for medical and hospital expenses resulting from accidental bodily injury.

#### **Pursuant to Education Code 32220, "member of an athletic team" also includes:**

Members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event. Such members shall be covered only while they are being transported by or under the sponsorship or arrangements of the district or a student body organization, to or from a school or other place of instruction and the place at which the athletic event is being conducted.

#### **Pursuant to Education Code 32221, the insurance shall provide the following coverage:**

At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.

The insurance shall provide for coverage during the student's:

1. Participation in athletic events sponsored by the district or student body organization.
2. Participation in practice for an athletic event.
3. Transportation provided by the school district, or under its sponsorship, to and from the school and place for the athletic event.

The insurance required by this policy and Education Code 32221 shall not be required of those students who have insurance or a reasonable equivalent of health benefits provided them through other means.

The Governing Board shall make an insurance plan available for purchase by students participating in athletic events as provided by Education Code 32221.

The Board shall authorize the expenditure of district or student body funds for the purchase of insurance for those students whose parents/guardians are unable to pay for the cost of the insurance. (Education Code 32221).

**Under State law, school districts are required to ensure that all members of the school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.**

**Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 888-599-7056.**

Board Policy Approved \_\_\_\_\_

**ATHLETICS / SPORTS VOLUNTARY ACTIVITIES PARTICIPATION FORM  
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

**CONSENT TO PARTICIPATE**

Athlete's Name: \_\_\_\_\_ **Sport:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address (if not living with student): \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

By its very nature, this **Sport**, including tryouts, may put students in situations in which serious catastrophic and perhaps fatal accidents may occur. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate the risk of injury. Just as driving an automobile involves the risk of injury; participation in this **Sport** by students involves some inherent risk. The importance of your awareness of these risks in determining whether or not to allow your child to participate cannot be overstated. There have been accidents in this **Sport**, resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic participation.

Students will be instructed in proper techniques and in the proper utilization of all equipment or work used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

No amount of instruction, precaution, and supervision can eliminate all risk of injury, including serious, injury. Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- |                             |                            |
|-----------------------------|----------------------------|
| 1. Sprains/strains          | 7. Loss of eyesight        |
| 2. Fractured bones          | 8. Communicable diseases   |
| 3. Unconsciousness          | 9. Internal organ injuries |
| 4. Head and neck injuries   | 10. Brain damage           |
| 5. Neck and spinal injuries | 11. Death                  |
| 6. Paralysis                |                            |

By signing this waiver, you acknowledge that you understand and accept such risk and authorize the student named above to participate in this **Sport**. By choosing to participate, you acknowledge that such risks exist.

**ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, \_\_\_\_\_, to participate in the District sponsored **Sport** activities of \_\_\_\_\_.

I have read this form in its entirety and understand its contents. I understand that it is my obligation to ask questions about anything I do not understand.

I understand and acknowledge that participation in this **Sport** is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I agree to assume financial responsibility for any medical costs and expenses incurred as a result of any injury that may be sustained by my child while participating in this **Sport**.

**I understand, acknowledge and agree that the Yreka Union School District, its elected or appointed officials, employees, agents or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.**

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to the terms.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if age 18 or older)

\_\_\_\_\_  
Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM and AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION FORM must be on file with the **Yreka Union School District** before a student will be allowed to participate in the above extra-curricular activities.

**AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT  
AND HEALTH INSURANCE VERIFICATION**

**HEALTH INSURANCE:**

**Pursuant to Education Code 32221, the insurance shall provide the following coverage:**

At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.

**I have health insurance that meets the requirements under the California Education Code Section 32221.**

Athletic Team/Sport: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Insured (Subscribers) Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/I.D. Number: \_\_\_\_\_

**California Education Code 32221.5: Some students may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 888-599-7056.**

**AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT**

In the event of an injury or illness to \_\_\_\_\_ while participating on the athletic team, I do hereby authorize the **Yreka Union School District**, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

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

**Student Signature (if over 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_