



GRIZZLY ATHLETICS

William S. Hart Union High School District Athletic Clearance Form/Athletic Emergency Form

- 1. Warning to Student – Athlete and Parents
- 2. Certificate of Student Insurance
- 3. Parent Consent and Co -Curricular Agreement
- 4. Steroids Statement

Active Sports:
 Fall _____
 Winter _____
 Spring _____

You must complete all sections of this form before your daughter/son can participate in interscholastic athletic practices and contest.

Please Print All Information

Name _____ ID# _____

Grade 9 10 11 12

Address _____ Birth date _____

City _____ Zip _____ State _____ Phone # _____

School Attended Last Year _____ Sex M F

Name of Doctor _____

Doctor Phone _____ Fax # _____

Address _____ City _____

Zip _____

1. Warning to Student –Athlete and Parents:

By nature, competitive athletics may put students in a situation where **SERIOUS, CATASTROPHIC**, and perhaps, **FATAL ACCIDENTS** may occur. By granting permission for your students -athlete to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

Student –Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

2. Certificate of Student Insurance:

It is the responsibility of the parent/guardian to secure insurance coverage prior to participation in athletics. Sections 32220-32224 of the Education Code requires that each member of an athletic team have insurance. I certify that my student is covered by insurance as required and further, said coverage will be in force for the entire current school year. I understand that the school district has made available an accident insurance program in which my child may enroll and that the program is optional.

Name of Insurance Company _____ Policy # _____

Myers-Stevens Insurance (optional) Date Mailed _____

3. Parental Consent and Co-Curricular Agreement:

I hereby give consent for my student to participate in Interscholastic Athletic in the Wm. S. Hart Union High School District.

In case of injury to my daughter/son, you are authorized to have her/him treated. I further understand that in case of injury, the school staff and associated Student Body is relieved of all liability from medical or hospital bills sustained in participation in interscholastic athletic competition. I hereby give my consent for my daughter/son to compete in sports and go with a representative of the school on any trip(s). I have also read the co-curricular policy regarding requirements for participation school activities and agree to abide by the rules and regulations. (See “Notice of rights, Regulations, and Responsibilities”)

Student-Athlete’s Signature _____ Date _____

Parent’s/Guardian Signature _____ Date _____

4. Steroids Statement:

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that that under CIF Bylaw 200.D. , there could be penalties for false or fraudulent information. We also understand that the (William S. Hart School District) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Student-Athlete’s Signature _____ Date _____

Parent’s/Guardian Signature _____ Date _____