

Morgan Hill Unified School District  
ATHLETIC PARTICIPATION AUTHORIZATION

Participating Sport(s) \_\_\_\_\_ Year \_\_\_\_\_

Student-Last Name      First Name      Initial      Address      City      Zip      Grade

Parent/Guardian-Last,      First Name      Home Phone      Cell Phone      Work Phone

**WARNING TO STUDENTS AND PARENTS:** By its very nature, competitive athletics may put students into situations where serious and/or permanent injuries may occur. Some forms of athletic competition include physical contact among players, the use of equipment that may be hazardous, strenuous physical exertion, or other exposures to risk that could result in serious and/or permanent injury. **By granting permission for your son/daughter to participate in inter-scholastic athletic competition, you and your student acknowledge that such a risk exists.**

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSURANCE INFORMATION:**

State Law requires Accidental Bodily Insurance of at least \$1,500 of scheduled medical and hospital benefits for all members of an athletic team. All medical, hospital, ambulance or other bills shall be charged to the parents or guardians and shall be considered the bill of such parents or guardians. **We have insurance coverage for our family, which provides at least \$1,500.00 hospital benefits with:**

NAME OF COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**ANTI-STEROID POLICY:**

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/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 student-athlete and the parents/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 under CIF bylaw 200.D., there could be penalties for false or fraudulent information.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF STUDENT-ATHLETE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TRANSPORTATION INFORMATION:**

Morgan Hill Unified School District assumes no liability and does not provide insurance coverage for transporting students to and from athletic activities. Transportation will be arranged through buses and private vehicles. (No students are allowed to drive other students to any school activity.) Your permission is required for your son/daughter to drive themselves or ride in a private vehicle with the coach or another parent to some events during the season. All athletes will be responsible in conduct to the driver of the vehicle. It is further understood that the athletes will go and return from the event on the transportation provided, unless the coach receives a written note from the parent ahead of time. **By signing below, you give permission for your son/daughter to drive themselves or ride with the coach or other parents/guardians in a private vehicle, and you indicate your understanding that the district its employees, and volunteer drivers are released from liability.**

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT PERMISSION/AUTHORIZATION:**

I authorize the above named student to participate in athletics and to be released from school as required in order to participate in the sports or activities. **In case the student becomes ill or injured, Morgan Hill Unified School District is authorized to have the student treated and I authorize the medical agency to render treatment.**

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MEDICAL AUTHORIZATION:**

I hereby certify that the above named student was examined by me on (DATE) \_\_\_\_\_ and was found physically fit to engage in athletics and/or other school activities.

\_\_\_\_\_  
**Physician's Signature**      Title      California License Number

Has the student had any injury or physical condition that should be watched? \_\_\_\_\_ If yes, please list on backside: