

Parent/Guardian and Athlete's Signatures

I hereby certify that we have read the Athletic Code and Catastrophe Paper.

Date _____

Parent _____
Signature

Athlete _____
Signature

ASB _____
Signature

I hereby consent for the above name (my child or ward) to compete in sports and to go with a representative of the school on any trips. In case this pupil is injured you are authorized to have him/her treated.

Date _____
Signature of Parent/Guardian

Certificate of Student Accident Insurance

Section 32221 of the Education Code requires that each member of an athletic team have insurance protection of at least \$1,500 for hospital and medical expenses resulting from accidental bodily injury sustained while participating in, or practicing for, **inter-school athletic events**, or while being transported to and from such athletic events.

For School Insurance

Name of Student _____ Phone _____

Name of Parent/Guardian _____ Address _____

Date school insurance taken out _____ Parent/Guardian's signature _____

This is certify that my child (children) covered by insurance which will satisfy the requirements of the law as noted above, and further said coverage will be in force for the entire current school year.

My child is adequately covered by a private insurance

Name of Student _____ Phone _____

Name of Parent/Guardian _____ Address _____

Insurance Company _____ Policy Number _____

Date _____ Parent/Guardian's signature _____