

LAGUNA BEACH UNIFIED SCHOOL DISTRICT ATHLETIC CLEARANCE FORM

PRINT CLEARLY AND COMPLETE ALL LINES.

Student's Name: _____ Home Phone: _____
Last First M.I. D/O/B Grade
Address: _____ Work Phone: _____
Emergency Contact Name: _____ Phone: _____ Name: _____ Phone: _____

I. PARENT'S OR GUARDIAN'S CONSENT

I hereby give my consent for the above named student to compete in the Laguna Beach Unified School District's approved activity program such as: sports, marching band, cheerleading squad, etc., and travel with the school representative on necessary school trips. I realize that there is a risk of serious injury from participating in school sports and related activities. It is understood that the school district, the student body, and/or any of the employees are not financially responsible in case of accident or injury.

Date: _____ Signature of Parent/Guardian: _____

II. CONSENT FOR EMERGENCY TREATMENT

TREATMENT CONSENT: In the event of an accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital, or request their services. If you answer no, please advise the school as to what action you would like taken.

Action to be taken _____

TRAINER CONSENT: I give my permission to the Athletic Trainer to administer first aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgement as approved by the consulting physician.
CLASSROOM DISMISSAL CONSENT: The athlete may not meet on the days of the event.

Date: _____ Signature of Parent/Guardian: _____

III. INSURANCE CERTIFICATION

I hereby certify that the above named student is covered by accident insurance which provides protection for accidental bodily injury as required by the educational code for participation in approved school activities during the 20____ to 20____ school year.

____ My son/daughter (or ward) is covered for the above activity under our Family Health/Medical Plan.

Name of Company _____ Subscriber _____ Policy # _____

____ I have purchased School Insurance Plan

____ Copy of insurance card or proof of insurance attached.

IV. DROPPING A SPORT

After a team has been selected (team roster: day of first contest), an athlete must receive coach's approval before he/she drops the sport. If the athlete does not get approval he/she may not start another sport until that sport season is concluded. 9th & 10th grade students who drop a sport must enroll immediately in regular P.E.

V. TRANSFER ELIGIBILITY

Are you a transfer student? ____ No ____ Yes **High** School last attended: _____