

**HAPPY VALLEY UNION ELEMENTARY SCHOOL DISTRICT
ATHLETICS / SPORTS
VOLUNTARY ACTIVITIES PARTICIPATION**

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____ to participate in the Happy Valley Union Elementary School District sponsored activities of _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the Happy Valley Union Elementary School District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the Happy Valley Union Elementary 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.

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

Parent/Guardian _____
Date

Student Signature _____
Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the Happy Valley Union Elementary School District before a student will be allowed to participate in the above extra-curricular activities.

ATHLETIC TEAM MEMBERS INSURANCE

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

**ATHLETIC INSURANCE WAIVER
AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT**

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

Athletic Team/Sport: _____

Student's Name: _____

Insured Name: _____

Insurance Company: _____

Policy/I.D. Number: _____

In the event of an injury or illness to _____ while participating on the athletic team, I do hereby authorize the Happy Valley Union Elementary 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: _____

Emergency numbers:

Contact

Phone Number

_____	_____
_____	_____
_____	_____