

**ATHLETICS / SPORTS VOLUNTARY ACTIVITIES PARTICIPATION
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK FORM**

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

Pursuant to Education Code 32220, “member of an athletic team” also includes:

Members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event. Such members shall be covered only while they are being transported by or under the sponsorship or arrangements of the district or a student body organization, to or from a school or other place of instruction and the place at which the athletic event is being conducted.

Pursuant to Education Code 32221, the insurance shall provide the following coverage:

At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.

The insurance shall provide for coverage during the student's:

1. Participation in athletic events sponsored by the district or student body organization.
2. Participation in practice for an athletic event.
3. Transportation provided by the school district, or under its sponsorship, to and from the school and place for the athletic event.

The insurance required by this policy and Education Code 32221 shall not be required of those students who have insurance or a reasonable equivalent of health benefits provided them through other means.

The Governing Board shall make an insurance plan available for purchase by students participating in athletic events as provided by Education Code 32221.

The Board shall authorize the expenditure of district or student body funds for the purchase of insurance for those students whose parents/guardians are unable to pay for the cost of the insurance. (Education Code 32221).

Under State law, school districts are required to ensure that all members of the school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 800-880-5305.

Board Policy Approved _____

ANDERSON UNION HIGH SCHOOL DISTRICT

ATHLETICS / SPORTS VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____ to participate in the Anderson Union High 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 participation in these activities is completely voluntary and as such is not required by the Anderson Union High School District for course credit or for completion of graduation requirements.

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

I understand, acknowledge and agree that the Anderson Union High 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 and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

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 and AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION FORM must be on file with the Anderson Union High School District before a student will be allowed to participate in the above extra-curricular activities.

ANDERSON UNION HIGH SCHOOL DISTRICT

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION

HEALTH INSURANCE:

Pursuant to Education Code 32221, the insurance shall provide the following coverage:

At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.

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

Athletic Team/Sport: _____

Student's Name: _____

Insured (Subscribers) Name: _____

Insurance Company: _____

Policy/I.D. Number: _____

California Education Code 32221.5: Some students may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 800-880-5305.

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT

In the event of an injury or illness to _____ while participating on the athletic team, I do hereby authorize the Anderson Union High 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:** _____