Athletic Packet
Required form 1 of 7

PLEASANTON UNIFIED SCHOOL DISTRICT
ATHLETIC PARTICIPATION AGREEMENT

Dear Athlete,

We are very happy that you have expressed a desire to participate in the athletic program at your high school. The nature of athletics carries a certain element of risk. While our program and its coaches strive to reduce this risk as much as possible, you should know and realize it cannot be completely removed. In order to participate on a team, there are certain responsibilities and obligations which you must assume to qualify and remain a part of the athletic program. Please read the Extra/Co-curricular Handbook which states the rules, regulations, and requirements governing the athletic program before signing this agreement.

I have read and agree to abide by all regulations in the Extra/Co-curricular Handbook and any rules set forth by individual coaches. If you have any questions or need any clarification on any part of the Handbook, it is my responsibility to request this information from the Athletic Director.

_____ _____ _____ _____

Student Signature Grade ID# Date

INFORMED CONSENT AGREEMENT
VOLUNTARY SPORTS EVENT OR ACTIVITY

Student Name: _____ has my permission to participate in the activity listed below. I have read the Extra/Co-curricular handbook and I fully understand the following:

Sports or Activity: _____, by its very nature poses some inherent risk of a participant being seriously injured. These injuries could, but are not limited to the following:

1. Sprains/strains/fractures
2. Disfigurement
3. Cuts/abrasions
4. Head injuries
5. Unconsciousness
6. Loss of Eyesight
7. Paralysis
8. Death

ALL PARTICIPANTS IN THIS ACTIVITY SHOULD UNDERSTAND THAT THE PARTICIPATION IS VOLUNTARY AND IS NOT REQUIRED BY THE SCHOOL DISTRICT

The undersigned has read and hereby agrees to hold the Pleasanton Unified School District, its employees, agents, volunteers and/or sponsors, and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of the facilities, equipment and participation by student(s):
Student Name: _____ in the above named sport

List any medical conditions, allergies or other limiting factors:_____
Family physician name:_____
Do you have medical insurance?: ☐Yes ☐No Plan Name and Policy or Group Number_____
In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgement of the attending physicians or dentists.

Parent/Legal Guardian Signature_____ Date_____

Student Signature_____ Date_____
***Medical exams are required for all middle and high school playing field participants (including cheerleaders). Non-playing field participants, i.e., band members, team managers and ROP students are exempt.**

***Medical examination was completed on _____.** An annual physical examination, or a statement by a medical doctor certifying that the student is physically fit to participate in athletics, is required before a student may try out, practice, or participate in interscholastic athletic competition. **The examination form or written verification by physician is attached or is on file for athletic activity _____**