

SAN DIEGO CITY SCHOOLS
ATHLETIC PARTICIPATION FORM #2

THIS FORM IS TO BE USED BY STUDENTS WHO HAVE PREVIOUSLY TRIED OUT FOR A SPORT THIS SCHOOL YEAR. IT MUST BE COMPLETED BEFORE THE ATHLETE BEGINS PRACTICE.

PLEASE PRINT

NAME: _____ BIRTH DATE: ____/____/____ MALE: ____ FEMALE: ____

SPORT: _____ SCHOOL: _____ GRADE: ____ ASB #: _____

1. PARENT'S INSURANCE SECTION: This information is on file from _____
(Previous sport)

Please give any changes in the spaces below.

The California Education Code requires that every student have at least \$1500 medical/hospital expense insurance in order to participate in interscholastic athletics (Education Code Section 32220-32224). My NEW medical insurance covers the above named student for at least \$1500 and is issued by:

Name of Insurance Company Policy/Certificate.... Number

I declare under penalty of perjury that the above is true and correct:

Date Signature of Parent or Guardian Street Address

() _____
Telephone Printed Name of Signature City Zip

2. PARENT'S MEDICAL STATEMENT:

In case of injury, I hereby give consent for my son/daughter to have initial first aid administered by school personnel in charge and to be transported to a doctor or hospital for further treatment if deemed necessary.

Home Phone: () _____ Work Phone: () _____

Family Doctor: _____ Dr. Office Phone: () _____

3. PARENT'S PERMISSION:

I hereby give consent for the above-named student to compete in sports and to travel with the team to various events using transportation that qualifies under the Board of Education regulations. I also recognize that my son/daughter will be subject to current training rules and that failure to abide by these rules may result in his/her being dropped from the athletic program.

Signature of parent or guardian

Date

4. PARENT'S RESIDENCE STATEMENT:

Residential eligibility rules must be complied with to avoid the possibility of having to forfeit games in which your son/daughter participates. Please fill out the following information:

Parent or Guardian Name () _____	Street Address _____	
Telephone Number _____	City _____	Zip _____

We presently live within the boundaries of the _____ attendance area.
Name of School

Our son/daughter is not attending the school within the boundaries of our attendance area because of an approved district program that allows him/her to attend a school outside of the approved boundaries of the attendance area in which we live.

Name of program: _____

5. ATHLETE'S AGREEMENT:

- I understand that I have to be passing in at least 4 subjects in the grading period prior to my participation with a grade point average, in scholarship and citizenship, of a 2.0 or above.
- I agree to abide by CIF and City Conference policies and rules including the CIF Ethics in Sports Policy.
- I understand the district/school's substance abuse policy and penalty regarding the use of tobacco, alcohol and drugs.
- I recognize that the Varsity and /or Junior Varsity letter award remains the property of the school until graduation and that the wearing of which can be curtailed at any time by the school.
- Because of the dangers of participating in sports, I recognize the importance of listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of reading and adhering to written instructions and written warnings regarding playing techniques, training methods, rules of the sport and other team rules.
- I understand fully the regulations stated above and realize that failure to comply could result in dismissal from participating in the athletic program of the school.

Signature of Student _____ Date ____/____/____

6. VERIFICATION OF ELIGIBILITY:

- A. I have personally checked the above information. _____
Coach's Signature
- B. This athlete is eligible: _____
Athletic Director / Vice Principal.
- _____ This athlete is ineligible due to: _____