

SPORTS PARTICIPATION PERMISSION

2017/2018 School Year



SPRING VALLEY SCHOOL

Mail to: P.O. Box 9

46655 Road 200

O'Neals, CA 93645

P: (559) 868-3343 F: (559) 868-3407

Jessica Fairbanks, Principal

TO THE PARENT / GUARDIAN: You must give permission for each child enrolled to participate in the specific event, activity, or sport on this form.

Student Name _____ Date _____ Grade _____

Please check all that may apply

- | | |
|--|--|
| <input type="checkbox"/> Boys Football (Grades 4 – 8) | <input type="checkbox"/> Boys Basketball (Grades 4 – 8) |
| <input type="checkbox"/> Girls Volleyball (Grades 4 – 8) | <input type="checkbox"/> Girls Basketball (Grades 4 – 8) |
| <input type="checkbox"/> Cross Country (Grades K – 8) | <input type="checkbox"/> Boys Soccer (Grades 4 – 8) |
| <input type="checkbox"/> Track & Field (Grades 3 – 8) | <input type="checkbox"/> Girls Soccer (Grades 4 – 8) |

I, the undersigned parent or guardian, do voluntarily wish to give permission for and request that my child be allowed to attend and participate in this school-sponsored athletic activity, including the related activities conducted off school grounds or outside the regular school day. My child is physically fit and capable of participation in this activity.

I understand that participation in this school-sponsored activity involves some risk (including any travel to and from this activity) and that unforeseen events can occur. In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child may have against the school. I release and discharge the school from all liability or responsibility for death, illness, personal injury, or property damage arising out of the school activity and any transportation involved with the school activity.

Participation requirements are:

- You can not have a "D" or below in any subject
- You can not have any referrals, in-house suspensions or suspensions for the week.
- You can only have **one tardy OR one absence** for the week.
- NO unexcused absences.

Your student will also be issued a jersey for games, unless they purchased a personalized jersey. These jerseys are to be worn on game days **ONLY** and are to be turned back in at the completion of each sport. By signing this form you agree to return the jersey in good condition or pay \$30.00 to replace them.

Practices will be determined by the coach. All students participating need to be picked up **promptly** at the end of practice. If your student is not picked up promptly after practice, they will be sent to Daycare.

CHAWANKEE UNIFIED SCHOOL DISTRICT

Mail to: P.O. Box 400

33030 Road 228

North Fork, CA 93643

P: (559)877-6209 F: (559)877-2065

This permission, wavier, release, and consent apply to Spring Valley Elementary and their officers, agents, and employees. This wavier and release form is signed in order for my child to participate in the school's athletic activities for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved.

Contact Information:

Name of Parent/Guardian _____

Home Phone _____ Work Phone _____

Name of Parent/Guardian _____

Home Phone _____ Work Phone _____

In case of an **emergency** and I cannot be reached, call:

1. Name _____ Relationship to student _____

Phone _____

2. Name _____ Relationship to student _____

Phone _____

In the event of an emergency and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, Spring Valley Elementary will not be responsible to pay for any medical or dental expenses.

I authorize any hospital which has provided treatment to the above names minor pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the Spring Valley Elementary representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1238.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in the school's events and activities. I execute this form voluntarily and with full knowledge of its significance. A copy of this form shall be valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

Parent Signature _____ Date _____