

MERCED UNION HIGH SCHOOL DISTRICT - ATHLETIC PARTICIPATION FORM (APF 2019)
(Complete and Return to your SBO)

Student Name: _____ 6 Digit ID #: _____
Student Cell: (_____) _____
*Have you and parents/guardians created your athleticclearance.com account? **Yes / No***
(see Reverse Side for instructions)

Circle the Sports you Intend to Play:

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>	
Cheer	Boys basketball	Baseball	Stunt Cheer (**)
Cross Country	Girls Basketball	Boys Golf	Co-Ed Tennis (LHS)
Football	Boys Soccer	Softball	
Girls Golf	Girls Soccer	Boys Swimming	
Girls Tennis	Boys Wrestling	Boys Tennis	
Girls Volleyball	Girls Wrestling	Track and Field	
Water Polo		Boys Volleyball	

Parental Permission, Hold harmless, Warning, Insurance Guarantee, Consent Statements:

I, _____ as parents/legal guardians of _____ will arrange to
(Print Parent's/Guardian's names) (Print Student's name)
have him/her examined by _____ . I (we) do hereby release and
(Name of MD, DO, PA - No Nurse Practitioners or Chiropractors)

agree to indemnify, defend and hold harmless the Merced Union High School District, its officers, agents and employees from any claims, demands or suits of personal injury, illness or death which the student named above may suffer as a result of his/her participation in the interscholastic sports programs at any District school, where such personal injury, illness or death results, or allegedly results, in whole or part from the above referenced student having been either examined by the medical practitioner named above as a prerequisite for participating in interscholastic sports.

WARNING: Participation in athletics may result in severe injury, including paralysis and death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks but it is impossible to totally eliminate such occurrences in athletics. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coach, following a proper conditioning program and inspecting their equipment daily.

Even if all of these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur. As a condition of participation in athletics we acknowledge that we have read and understand this warning statement and that we hereby assume all of the above risks and, except in the case of gross negligence, will hold the District, its Officers, Agents, and Employees, harmless from any and all liability, actions, debts, claims, and demands of every kind and nature whatsoever which may arise out of or in connection with the Student's participation in athletics.

I hereby guarantee to keep medical insurance coverage in force which meets or exceeds legal requirements for the entire duration that my son/daughter participates in athletics, including but not limited to the payment of premiums, deductibles, and co-pays. I understand that we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment services provided by the attending physician for my child/ward, including all charges not covered by insurance.

I hereby give my consent for my son/daughter to compete in all athletics during the current school year and the following summer, if applicable. I hereby give my consent for my son/daughter to travel with a representative of the school district on interscholastic athletic trips. In the event this student is injured, the school district official is hereby granted permission to administer first aid and to secure medical and/or surgical treatment.

I / We have read and understand, and agreed to all terms and conditions of this document.

Parent / Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Medical Examination Statement: (All students participating in athletics must have an annual physical examination)

I hereby certify that the above named student was examined by me and was found to be physically fit to engage in sports.

Physician Signature: _____ **Date:** _____

Medical Doctor, Doctor of Osteopathy, or Physician's Assistant ONLY - NO Nurse Practitioners or Chiropractors

- See Reverse Side for instructions on creating an athleticclearance.com profile