

# PARENT CONSENT AND WAIVER OF CLAIMS

To the Principal of Yucca Valley High School:

\_\_\_\_\_ has our permission to participate in the athletic events for the season of \_\_\_\_\_.

We agree to direct our child to cooperate and to conform to directions and instructions of the School District personnel in charge of the athletic event/trip.

Should it be necessary for our child to have medical treatment while participating in this event/trip, we hereby give the school district personnel permission to use their judgment in obtaining medical service for the child, and we give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. We understand that the school district has no insurance covering such medical or hospital costs incurred for our child and, therefore, any costs incurred for such treatment shall be our sole responsibility.

We hereby waive all claims against Morongo Unified School District, its officers and employees, and the State of California, for any injury, accident, illness, death or property loss occurring during or by reason of his/her participation in this athletic trip/event.

I have read and understand the foregoing statements agreeing to assume responsibility stated and waive all claims as indicated.

This athletic trip/event will be under the supervision of the Yucca Valley High School coaching staff. Transportation to and from will be on a school bus.

## **INTERSCHOLASTIC ALL SPORTS WAIVER**

The Education Code requires that a member of an athletic team have at least \$1500.00 medical insurance coverage before participating in any interscholastic sport. If you do not carry insurance on your son/daughter we strongly recommend purchasing Interscholastic Sports Insurance from your school.

I, the parent/legal guardian of \_\_\_\_\_ hereby certify that  
Name of Student

he/she is insured with \_\_\_\_\_  
Name of Insurance Company

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I also hereby agree not to hold Yucca Valley High School responsible for any expense which may be incurred as a result of accidental death or bodily injury due to participation in Interscholastic Sports.

My signature will acknowledge that we have read and understand the material explained above.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Date

# PHYSICAL QUESTIONNAIRE

(To be completed by parents prior to exam)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Parents' Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Circle your response below:

- YES NO 1. Has had injuries or illness requiring medical attention.  
YES NO 2. Is under physician's care now or takes medication.  
YES NO 3. Wears glasses/contact lenses.  
YES NO 4. Has had surgical operation/or been in hospital.  
YES NO 5. Do you know of any reason why this individual should not participate in all sports.

Please explain any "YES" answers to the above questions:

\_\_\_\_\_  
\_\_\_\_\_

Most recent tetanus toxoid immunization \_\_\_\_\_  
Date

I give consent for a physical examination. \_\_\_\_\_  
Parent Signature

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## TO BE COMPLETED BY THE DOCTOR

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Respiratory \_\_\_\_\_ Cardiovascular \_\_\_\_\_

Physician's Statement: \_\_\_\_\_  
(Print) Student's Name

was examined by me on \_\_\_\_\_ and found to be physically fit to engage in  
Date

high school sports.

Comments (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature