

SPORT \_\_\_\_\_



**Sacramento High School  
Athletics**

**EMERGENCY/PARTICIPATION INFORMATION**

STUDENT NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

*Please fill out completely. Information will be used whenever a student needs attention because of illness or injury.*

Father/Guardian \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**INSURANCE REQUIREMENT:** State law requires students who participate in athletics/sports to be insured before participation in interscholastic sports. The school district does not insure any athlete against accident or injury arising from athletic competition. However, the school district does offer opportunities to purchase insurance to those who do not have their own. **If you wish to use your own insurance, please complete this statement:**

Dr. Name \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Any allergic reaction or special consideration: \_\_\_\_\_

In case this student becomes ill or is injured and a parent/guardian is not available, one of the following relatives, friends, or neighbors listed below may be called for assistance and may authorize medical care as specified below. If none of the named individuals are available to provide medical assistance, I authorize the District to provide emergency medical assistance in the best interest of my child. YES \_\_\_\_\_ NO \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**NOTICE OF RISK OF INJURY** – Some forms of athletic competition involve rigorous physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and other exposures to risk injury. Athletes will be instructed in the proper techniques to be used in practice and competition and the proper use of equipment and facilities. However, you are advised that instruction, precaution, and proper protective equipment may not prevent some accidents resulting in serious traumatic injury.

**TRANSPORTION** - Students must travel to and from athletic contests in school-provided transportation. Parent drivers or students driving themselves must be formally cleared by the Principal's Office. No other student may ride with a student driver (with the exception to siblings) under any circumstance. I hereby give my consent for the above named student to accompany any school team of which he/she is a member on its local or out-of-town trips.

**ATHLETIC HANDBOOK** – I have read over and have an understanding of the rules and policies in the athletic handbook.

**MEDIA** – I hereby give my consent for the above named student to have his/her picture and/or stats published. This may include print/electronic media

**STUDENT DRUG, ALCOHOL AND STERIOD POLICY** – I will not use alcohol, tobacco, illegal drugs and/or anabolic steroids. I have read the policy on steroids and will abide by them. SHS handbook rules apply to drugs, alcohol and tobacco.

**ACKNOWLEDGEMENT** - I CERTIFY THAT I HAVE READ AND UNDERSTAND THE STATEMENTS REGARDING REQUIRED INSURANCE, EMERGENCY INFORMATION, TRANSPORTATION, STERIOD POLICY AND INFO IN THE ATHLETIC HANDBOOK.. I HEREBY GIVE MY CONSENT FOR THE STUDENT NAMED ABOVE TO PARTICIPATE.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_