

ACTIVITY CERTIFICATE

School Year _____ Grade _____ Activity _____

Student's Name _____ Date of Birth _____

Address _____
Last First M.I.

Parent Name _____ Parent Contact Phone _____ Home Phone: _____

PARENT'S OR GUARDIAN'S PERMIT

I hereby give my consent for the above-named student to compete in the Las Virgenes High School approved activity program (athletics, marching band, pep squad, forensics, music, theater, etc.) and travel with the school representative on authorized school trips.

I, the undersigned, hereby release and discharge the Las Virgenes Unified School District, officers, employees, agents, servants and volunteers (herein collectively referred to as "District") from all liability arising out of or in connection with the above-described activity or all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above-named minor. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District, or that any other person or entity may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described activity and that results from any cause other than the negligence of the District.

Signature of Parent/Guardian _____ Date _____

CONSENT FOR EMERGENCY TREATMENT

I hereby give my permission to a physician to administer emergency treatment to the above-named student. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian or participant.

Signature of Parent/Guardian _____ Date _____

INSURANCE CERTIFICATION (A or B MUST BE COMPLETED!)

(THE DISTRICT/SCHOOL DOES NOT PROVIDE HEALTH/ACCIDENT INSURANCE.) I hereby certify that the above-named student is covered by accident insurance which provides protection for bodily injury and for accidental death as required by Education Code Sections 32220-24 for participation in approved school activities during the school year.

A. Private Insurance Plan. I ALREADY HAVE INSURANCE for my son/daughter which meets the requirement of California law.

Name of Insurance Company _____ Policy Number _____

Signature of Parent/Guardian _____ Date _____

-OR- B. CIF-endorsed School Insurance Plan. I am purchasing Myers/Stevens insurance, and returning the Myers/Stevens envelope to the school office, so the school can send it to the company. I am purchasing the following plan:

_____ "24-Hour Plan" or "School Time Plan" (does not include football.)
_____ "Tackle Football Plan" (covers football only.)

Signature of Parent/Guardian _____ Date _____

STUDENT CERTIFICATION

I agree to abide by the California Interscholastic Federation (CIF), Marmonte League and school rules of eligibility and conduct. I am not a member of any fraternity, unsponsored club, or unauthorized secret society, as described in the Educational Code and California Interscholastic Federation (CIF) handbook, nor will I join one.

Student Signature _____ Date _____

EMERGENCY MEDICAL CARD

DATE: _____

STUDENT'S NAME: _____
Last First

ACTIVITY: _____

GRADE: _____ MALE: _____ FEMALE: _____

BIRTH DATE: _____

ADDRESS: _____
Street City/Zip

HOME PHONE: _____
(Parent's)

EMERGENCY CONTACTS: NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

CONSENT FOR EMERGENCY TREATMENT:

I hereby give permission to a physician to administer emergency treatment to the above student.

*SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PHYSICIAN INFORMATION: NAME: _____ PHONE: _____

ANY KNOWN ALLERGIES OR PERTINENT INFORMATION: _____

INSURANCE CERTIFICATION: COMPANY NAME: _____ POLICY NO.: _____

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s)/guardian or participant.

*SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Las Virgenes Unified School District

**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, _____,
to participate in the District-sponsored activities of: athletics, cheerleading, and/or any other
extra-curricular activities. **AFTER-SCHOOL THEATER PRODUCTION**

I understand and acknowledge that these activities, by their very nature, pose the
potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries and/or illnesses that may result
from participating in these activities include, but are not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely
voluntary and as such is not required by the District for course credit or for completion of
graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my
son/daughter agree to assume liability and responsibility for any and all potential risks which
may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or
volunteers, shall not be liable for any injury and/or illness suffered by my son/daughter which is
incident to, and/or associated with, preparing for and/or participating in this activity.

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file before
a student will be allowed to participate. I acknowledge that I have carefully read this
VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its
terms.

PLEASE PRINT:

STUDENT NAME: _____

PARENT NAME: _____

Student Signature

Date

Parent/Guardian Signature

Date