

## PROOF OF INSURANCE/PARENT CONSENT

### STUDENT'S STATEMENT OF CONSENT CONCERNING CODE OF CONDUCT:

I am aware of my responsibilities and the regulations governing the interscholastic athletic program at Valley Christian High School. I will so govern myself that my connection with the program will bring honor to it and my school and I shall expect to be dismissed from any team in case I fail to follow the regulations set down in the Athletic Code.

Furthermore, I realize that my responsibilities as a participant in athletics do not end with the completion of the season of my sport. I understand that activities that violate school rules such as substance abuse, and inappropriate behavior, even though they occur away from school or after the season, are not to be condoned and that if I become involved in either, my eligibility for future athletic participation, including the athletic banquets, will be placed in jeopardy.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

### TO PARENT OR GUARDIAN:

The people of the State of California have enacted the following legislation:

Chapter 3, Article 2, Section 16423.1 is added to the Education Code to read: "If the governing board of any school district maintaining senior high schools or high schools does not provide or make available medical and hospital services for pupils of the district injured while participating in athletic activities, in accordance with section 16423, the board shall notify in writing, the parent or guardian of each pupil of the district participating in such athletic activities that the services are not provided or made available by the governing board."

You are hereby notified that the Valley Christian School Board does not maintain or offer medical or hospital services. Neither does it assume the cost of student accident insurance. It does however, require that all students participating in interscholastic sports purchase the insurance made available by the school, unless the student is adequately covered by a family policy. **PLEASE INDICATE COMPANY NAME HERE:**

\_\_\_\_\_  
(NAME OF INSURANCE COMPANY AND POLICY NO. OR ID NO.)

### PARENT CONSENT FORM:

Participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school. **WARNING: BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this **PERMISSION FORM**, we acknowledge that we have read and understand this warning. **PARENTS AND STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give my consent for \_\_\_\_\_ to compete in athletics for the \_\_\_\_\_ school term at Valley Christian High School in the following approved sports: baseball, basketball, cross country, diving, football, golf, gymnastics, soccer, softball, swimming, tennis, track and field, and volleyball. (Please cross out those sports for which permission is denied). I understand the nature of the risks of playing interscholastic sports and warrant that my child is in good health and has no physical or emotional condition which would endanger him in playing interscholastic sports.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_