DOWNEY UNIFIED SCHOOL DISTRICT
ATHLETIC TEAM PARTICIPATION FORM

Print Student Name _____

Student I.D. # _____

Dear Parent/Guardian and Athlete:

The Downey Unified School District requires that students participating on an athletic team must obtain and file with the school a physician's statement certifying that they are in good physical condition. The form must be completed, signed by the physician of your choice, and returned to the school office. Proof of adequate student health insurance is also required before athletic team participation is permitted.

PARENT'S CONSENT-SUPPORT

I hereby give my consent for _____ to compete in (which sport) _____ and travel under the supervision of authorized personnel to any away scheduled athletic event. I understand that while only a rarity, there have been incidences of athletic injuries which have resulted in total disability, paralysis, or even death. I acknowledge that even with excellent coaching, the use of the most advanced protective equipment and strict observance of rules, these injuries are still possible. In the event of injury, I hereby authorize emergency treatment of my son/daughter.

I acknowledge that we have read, understand the above information, and give consent for _____ to participate in the athletic team program.

Signature parent/guardian	Signature student	Date

PARENT STATEMENT OF INSURANCE

Education Code Sections 32220 and 32221 require insurance coverage in the amount of least $1,500 insurance protection for medical and hospital expenses resulting from accidental bodily injury to members of any athletic team if injured while participating in, or practicing for, inter-school athletic events, or while being transported to and from such athletic events.

Athletic team members are defined by law to include any member of any interscholastic athletic team, team manager, members of pep groups, marching bands, and any student transported by the school district or student body to assist in the conduct of any athletic event. The above does not apply to participants in play-day activities.

I certify accident insurance is provided as indicated below in order to meet the requirements of the California law [check the appropriate response(s)]

- ☐ Tackle Football Insurance (covers tackle football only--high school only).
- ☐ School Time Insurance (covers sports other than football).
- ☐ Full Time Insurance (covers sports other than football).

OR

- ☐ I have health or accident insurance for my son or daughter which meets the requirements of California law and elect not to purchase student insurance (list company name, policy or group number).

Company Name	Policy or Group Number

I will promptly notify the school in the event insurance coverage no longer applies to my son or daughter.

ATHLETIC PHYSICAL EXAMINATION

Name of student	Current Age	Birth Date

Address	Telephone

Height _____ Weight _____ Significant past illness or injury _____

A CHECK INDICATES NORMAL: EYES, EARS, NOSE, AND THROAT ☐ LUNGS ☐ HEART ☐

BLOOD PRESSURE ☐ HERNIA ☐ MUSCULO-SKELETAL ☐ REFLEXES ☐ TEETH ☐

I certify that I have on this date examined the above student and recommend him/her as being physically able to compete in all supervised activities.

EXCEPTIONS: _____

Date of examination _____ Signed _____
Physician

Must have doctor's office authorization stamp

Address _____ Telephone

Form No. 37400 Rev. 7/99