

WALNUT VALLEY UNIFIED SCHOOL DISTRICT

STEP 1: Fill out this form,

STEP 2: Complete a physical, signed and stamped by physician's office.

DISCLOSURE OF INFORMATION OF RISK AND RELEASE FROM LIABILITY

I (WE) am (are) informed and fully understand my (our) **Child,**
_____, is participating in an athletic program at Walnut High School.

I am (We are) further informed and fully understand that my (our) child's participation in such a program has some element of risk in regard to physical injury. Participation involves strenuous exercise, some physical contact, and other situations in which there may be an element of risk in regard to physical injury.

In consideration of my (our) child's participation, I (We) hereby release and hold harmless the Walnut Valley Unified School District, its officers, employees, agents, coaches and athletic trainers from any and all liability that may occur as a result of his/her participation in the athletic program at Walnut High School.

Date: _____ **Guardian Signature:** _____

Student Signature: _____

PROOF OF MEDICAL INSURANCE

State laws and C.I.F., Bylaws require that in order to participate in any athletic activity, the student must be insured as per the following guideline:

- (a) at least \$1,5000 Insurance protection for Medical and Hospital expenses in case of accident or injury.
- (b) Large deductible in excess of \$100 deductible does not fulfill the legal requirements for participation.

I certify that _____ (**Student-athlete's name**) is covered by valid insurance which meets or exceeds the above requirements.

Name of Insurance Co: _____ **Policy #:** _____

Guardian Signature: _____

If you do not have personal health/accident insurance you may purchase **Meyer-Stevens Insurance** for this activity. Obtain these forms from the Athletic Director's office or the Athletic Trainer's Sports Medicine Clinic.