

Name (last) _____ (first) _____ (middle) _____ grade _____ School _____

**MORENO VALLEY UNIFIED SCHOOL DISTRICT K-8
EXTRA CURRICULAR/SPORTS PROGRAM PARTICIPATION WAIVER**

IMPORTANT: If the activity or sport requires an Athletic Physical or Screening, please attach proof of documentation to this waiver and it must be dated within one calendar year of the end of the season/event/activity.

- A. I am aware playing or practicing to play/participate in any sport/event can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in the below sport(s)/events include, but are not limited to: death; serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risks of playing or practicing in the below sport(s) may result not only in serious injury, but in a serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.
- B. Because of the dangers of participating in the below sport(s)/events, I recognize the importance of following coaches/instructor's instructions regarding playing techniques, training and other team rules, etc., and to obey such instructions.
- C. In consideration of the Moreno Valley Unified School District permitting me to try out for sports/activities and to engage in all activities related to the team, including, but not limited to, trying out, practice or playing/participating in that sport, I hereby assume all risks associated with participating and agree to hold the Moreno Valley Unified School District, its employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the K-8 MVUSD team(s). The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

BOTH THE APPLICANT STUDENT AND A PARENT OR GUARDIAN MUST READ CAREFULLY AND SIGN.

Turn this form & supporting documents (if applicable) to your athletic site coordinator or principal's secretary.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF STUDENT

DATE

Authorization for Emergency Medical Care

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for student-athletes who become ill or injured while under school authority, when parents or guardians cannot be reasonably reached.

1. Name: _____ (Last) _____ (First) _____ (Middle initial) _____ Grade: _____ Date: _____
Address: (residence) _____ Sex: _____ Age: _____ Date of Birth: _____
City: _____ ZIP: _____ Phone: _____ Social Security No.(optional) _____
2. Father's/Guardian Name: _____ Phone: _____ Employer: _____ Work Phone: _____
3. Mother's/Guardian Name: _____ Phone: _____ Employer: _____ Work Phone: _____
4. Name and phone number of person, other than guardian, who is authorized to approve emergency medical treatment:
Name: _____ Phone: _____
5. Family Doctor: _____ Phone: _____ Family Dental: _____ Phone: _____
Health Insurance Co.: _____ Policy ID#: _____ Agent: _____ Phone: _____

In the event reasonable attempts to contact me/us at above locations, or other person(s) named in item 4, above, full authorizations given for (1) the administration of any treatment deemed to be necessary by a licensed trainer, or medical practitioner; and (2) the transfer of son/daughter or ward to any licensed trainer, or medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic, reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide Authority and Power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are given below concerning the student's medical history which a medical practitioner should know.

Initial here _____ if you **DO NOT** wish that the listed medical procedure are administered: (List the procedures) _____
Blood Type: _____ Allergies: _____ Allergies to specific medication(s): _____
Glasses or Contacts: _____ False Teeth or Bridgework: _____ Last Tetanus Booster _____
Any previous significant medical problems: _____
Date: _____ Signature of Parent or Guardian: _____

IMPORTANT NOTE: The Moreno Valley Unified School District does not provide medical accident or dental insurance for pupils injured on school premises or through school activities. In accordance with Education Code Section 19172, the District is making available a low cost medical/dental accident insurance program. If interested you may sign up at www.peinsurance.com/signup. For more information, visit <https://tinyurl.com/CA-Ins-Info>.

CHECK MVUSD SPORTS/ACTIVITY YOU WISH TO PARTICIPATE THIS SCHOOL YEAR (remember you must have a 2.0 or higher to participate):

☐ Track ☐ Futsal/Soccer ☐ Basketball ☐ Marching Band ☐ Show Choir ☐ Color Guard ☐ Empire Rowing ☐ Other: _____ ☐ Other: _____
(Physical/Screening needed)

Office Use Only:

Q 1 _____ Q 2 GPA _____ Q 3 GPA _____ Q 4 GPA _____

Student eligibility to participate in this season/activity: ☐ Accessed ☐ Denied; Reason(s): _____