

CAMPBELL UNION HIGH SCHOOL DISTRICT –ATHLETIC PARTICIPATION CARD
*****ANY TYPE OF FORGERY ON THIS CARD WILL RESULT IN A 3 GAME SUSPENSION*****

I. Name _____ Year in school: (circle one) 9 10 11 12

Address _____

Street City Zip _____

Phone # _____ Birth date _____ School Attended Last Year _____

List at least 2 emergency numbers where your Parent or Guardian may be reached:

#1 Phone _____ #2 Phone _____

II. VERIFICATION OF RESIDENCE:

I am absolutely certain that my residence is within district boundaries of **PROSPECT HIGH SCHOOL**. I understand that if the information I give is incorrect, the team will forfeit all of the games in which I played. There is absolutely nothing automatic about senior privileges – they must be applied for, granted and an inter-district agreement signed by the two school districts involved before you are eligible. You must initiate the request for this inter-district agreement. If you move from the above address, you are required to fill out a new Student Residence Declaration within three (3) days.

III. Prospect High School states, "Student athletes who are in possession of or use drugs, tobacco, alcohol, steroids, or performance enhancing supplements shall be declared ineligible for all interscholastic competition for the remainder of the season. Exemplary citizenship and sportsmanship is mandatory."

Date **Student Signature**

IV. PARENT OR GUARDIAN CONSENT:

I have read and verify the above information in items I, II and III and hereby give my consent for _____ to compete in interscholastic athletics and to travel with a representative of the school on any trips. In granting permission, I recognize the right of the school administration to establish conditions under which student participation is allowed. These conditions include, but are not limited to, scholarship, health and safety. In case this pupil is injured, I authorize the school or its representative to have him/her treated.

Date **Parent/Guardian Signature**

V. PHYSICIAN'S STATEMENT

An annual physical examination certifying that the student is physically fit to participate in athletics is required before a student may try out, practice, or participate in interscholastic athletic competition. I hereby certify that the above named student was examined by me on _____ and found physically fit to engage in interscholastic athletics for the current school year.

Physician Name (Stamped) **Phone #** **Signature of Physician**

VI. The student named above has athletic insurance for at least \$1,500 for medical and hospital expenses provided by: (please check)
____ **Personal Insurance** (if checked here – fill in company name, policy or group number and type of coverage (**This must be completed**)).

Company Name Policy or Group Number

- ____ Tackle Football
- ____ Other Sports Coverage (Covers interscholastic sports other than football)
- ____ All Sports including Football
- ____ Student Accident Insurance (if Checked here – check type of coverage)
- ____ Tackle Football Coverage (Covers tackle football only)
- ____ Schooltime Only Coverage (Covers sports other than football)
- ____ 24-hour Coverage (Covers sports other than football)
- ____ Other Sports Coverage (Covers interscholastic sports other than football)

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

Date **Signature of Parent/Guardian**