

SPORTS/ACTIVITIES PERMISSION SLIP PACKET

ATHLETICS / SPORTS VOLUNTARY ACTIVITIES PARTICIPATION ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK FORM

1. This form applies not only to sports participants / athletes. Pursuant to Education Code 32220, "member of an athletic team" also includes:

Members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event. Such members shall be covered only while they are being transported by or under the sponsorship or arrangements of the district or a student body organization, to or from a school or other place of instruction and the place at which the athletic event is being conducted.

2. All participants must have health insurance. Pursuant to Education Code 32221, the insurance shall provide the following coverage:

At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses. The insurance shall provide for coverage during the student's:

- a) Participation in athletic events sponsored by the district or student body organization
- b) Participation in practice for an athletic event
- c) Transportation provided by the school district, or under its sponsorship, to and from the school and place for the athletic event.

The insurance required by this policy and Education Code 32221 shall not be required of those students who have insurance or a reasonable equivalent of health benefits provided them through other means.

The Governing Board shall make an insurance plan available for purchase by students participating in athletic events as provided by Education Code 32221.

California Education Code 32221.5: Some students may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 800-880-5305.

CASCADE UNION ELEMENTARY SCHOOL DISTRICT ATHLETICS / SPORTS

VOLUNTARY ACTIVITIES PARTICIPATION

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.
I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:
 Sprains/strains Fractured bones Unconsciousness Head and/or back injuries Paralysis Loss of eyesight Communicable diseases Death
I understand and acknowledge that participation in these activities is completely voluntary and as such in not required by the Cascade Union Elementary School District for course credit or for completion of graduation requirements.
I understand and acknowledge that in order to participate in these activities, I and my son/daughter agre to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.
I understand, acknowledge, and agree that they Cascade Union Elementary School, its elected or appointed officials, employees, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.
I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.
x x
Parent/Guardian Signature Student Signature

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the Cascade Union Elementary School District before a student will be allowed to participate in the above extra-curricular activities.

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