

San Marcos High School Athletics

Certificate of Clearance-Summer

Name of Athlete: _____ Sport: _____

Your son/daughter had elected to participate in a summer activity program at one of our district high schools. In order to be eligible to do so, it is necessary that this form be completed and returned to his or her COACH as soon as possible. Athletes will not be eligible to participate until this requirement is met.

PERMISSION: Both parent and student should understand that athletic activity does carry with it a certain element of risk, and with that risk the possibility of serious injury that can result in debilitation, and however remote, death. Understanding this, our son or daughter _____ (please write in name) has permission to participate in athletic activity during the summer athletic season.

INSURANCE: *Every* participating student is **required** to have accident insurance.

Our son or daughter is covered by _____ Company Policy # _____

PHYSICAL EXAMINATION: Every participating student must have medical clearance on record. Physical examinations for school purposes are *valid for one calendar year*. All such exams and releases are acceptable for summer activity. ***Please attach such evidence of a valid exam and release.***

CERTIFICATION: We certify that we have read and do understand the provisions of this certificate of clearance.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CONSENT TO TREAT:

YES NO The team physician, trainer, and/or coach may apply first aid treatment until the family doctor, hospital, or paramedic can be reached.

YES NO My consent is given to the team trainer in conjunction with the team physician, to render treatment of appropriate sports injuries utilizing appropriate procedures/modalities.

YES NO My consent is given for coaches, trainer, and/or team physician to use their own judgement in securing medical aid and ambulance service in case of an emergency if the parent(s)/guardian(s) cannot be reached.

Parent Signature Relationship Date

Emergency Contact: _____
Name Relationship Phone Number



San Marcos High School
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