

ROWLAND UNIFIED SCHOOL DISTRICT
Rowland Heights, California
ATHLETIC PARTICIPATION CARD

I. ADDRESS STATEMENT

Age _____ Grade _____ Sport _____

Student's Name: _____
LAST FIRST MIDDLE

resides at the following address: _____
NUMBER STREET CITY STATE ZIP

Date of Birth _____ Place of Birth _____
MO. DAY YR. CITY STATE ZIP

I hereby give my consent for my above son/daughter to compete in athletics and go with a representative of the school on interscholastic athletic trips. In case this student is injured, you are authorized to have him/her treated.

Name of Hospital Preferred _____ Name of Family Physician _____

II. INSURANCE STATEMENT

Message to Parents

California school law and the Education Code requires every member of an athletic team to have accidental bodily injury insurance providing at least \$1,500 of scheduled medical and hospital benefits.

If you have a family insurance plan that meets this medical and hospital benefit requirement, please indicate below. The Rowland Unified School District makes available insurance through a private insurance company for all students which will meet the Education Code insurance requirements. Students must have insurance before athletic clothing and equipment can be issued or before they will be allowed to participate in the athletic program.

I am subscribing to CIFPF Insurance I am subscribing to school insurance

I have private insurance coverage — Name of Insurance Co. _____
(The athletes must have one or the other — both are not needed.)

**PARENTS NOTE: I ACKNOWLEDGE HAVING READ THE INFORMATION ON BOTH SIDES OF THIS CARD.
 I CERTIFY THAT THE INFORMATION REGARDING MY SON/DAUGHTER IS CORRECT.
 I AGREE TO KEEP THE ABOVE INSURANCE IN FORCE DURING THE TIME MY SON/DAUGHTER COMPETES IN ATHLETICS.**

Signed: _____ Date _____ Signed: _____ Date _____
STUDENT ATHLETE PARENT/LEGAL GUARDIAN

Home Phone No. (_____) _____ Business Phone No. (_____) _____

Residence Address: _____
NUMBER STREET CITY STATE ZIP

III. ELIGIBILITY STATEMENT

In order to be eligible to compete in interscholastic athletics you must:

- Be living with your parents or legal guardian (legal guardian by court order).
- Report any change of address to the school registrar and the coach immediately. (Failure to report change of address and/or falsification of address will result in loss of athletic eligibility and forfeiture of all contests played in during the falsification.
- Be under nineteen years of age as of August 31.
- Not compete on an outside team in the same sport during the high school season of that sport.
- Be passing in four subjects of new work this current grading period and have passed four subjects of new work last grading period and meet current District standards.
- Be a good citizen (follow athletic code) in order to represent the school in interscholastic athletic competition.

IV. RESIDENCE STATEMENT

Has student attended any other high school other than in the Rowland Unified School District? Yes No

If yes, name of school attended: _____

V. MEDICAL EXAMINATION

An annual calendar physical examination is required for a student to participate in interscholastic competition; authorized school practice sessions, or pre-season tryouts in any sport. A student will be excused from this physical examination provided there is compliance with Education Code (Parents' Refusal to Consent).

I hereby certify that _____ was examined by me on _____ and found physically fit to engage in sports.

Physician's Name and Address Stamp:

SIGNATURE OF PHYSICIAN