

ATHLETIC INSURANCE CERTIFICATE

Student ID# _____

(Pupils Last Name)

(First)

(Initial)

(School) Grade

THIS FORM MUST BE ON FILE WITH THE SCHOOL OF ATTENDANCE FOR VERIFICATION OF ELIGIBILITY PRIOR TO PARTICIPATION IN ANY ATHLETIC EVENT

NOTE: The California Education Code requires that every student have \$1,500 accidental medical insurance in order to participate in Athletics (Education Code 32220-24)

SECTION I (If you have your own insurance coverage, please complete this section)

My medical coverage insurance policy is for at least \$1,500 and is issued by:

(Insurance Company Name)

(Policy Number)

I further assure that the insurance policy or policies I hereby verify will remain current and in force during the time the above named student performs any function within the scope of Education Code Sections 32220-24 and 35330-31 during the current school year.

As I DO NOT have medical Insurance as indicated below in order to meet the requirements of the California law (check the appropriate response (S))

_____ TACKLE football Insurance (Covers Tackle Football ONLY)

_____ School Time Insurance (Covers sports other than Football)

_____ Full Time Insurance (Covers sports other than Football)

Amount Purchased: \$ _____

Social Sec # _____

STUDENT INSURANCE

Name of Insurance Company

INDEMNIFICATION

SECTION 11

I agree to indemnify and hold the Santa Ana Unified School District harmless against responsibility for insurance coverage required under the aforementioned Education Code Sections. By signing this statement, I agree to accept responsibility for all medical cost incurred for the above named pupil while participating in the school athletics program.

YOUR ATTENTION IS DIRECTED TO THE FACT THAT MANY INSURANCE POLICIES EXCLUDE TACKLE FOOTBALL PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.

MEDICAL AUTHORIZATION

SECTION III:

TO WHOM IT MAY CONCERN:

I the undersigned being the parent or legal guardian of _____ do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my chld, when accompanied by or escorted to the treating facility by a teacher, coach, teachers's aide, principal, or any member of the Santa ana Board of Education.

Further, should the attending physician determine after the examination that life saving surgery or other life saving procedures may be necessary, permission is hereby extended to the above parties to grant same.

Additionally, I agree to hold harmless such personnel and Santa Ana Board of Education by my action of granting said permission.

COMPETITIVE ATHLETIC PARTICIPATION WARNING

SECTION IV:

Participation in competitive athletics may result in severe injury, including paralysis, or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURRENCES FROM ATHLETICS.

Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following conditioning program and inspecting their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY EVEN IF ALL THESE REQUIREMENTS ARE MET AND EVEN IF THE ATHLETE IS USING EXCELLENT PROTECTIVE EQUIPMENT A SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN ATHLETICS BY _____

(Name of Athlete)

WE ACKNOWLEDGW THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT:

Signature of Student/Athlete

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Signature of Parent or Guardian

Printed name

