UPLAND HIGH SCHOOL
ATHLETIC ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT

I realize that participation in any sport, including _____ can be a dangerous activity involving **MANY RISK OF INJURY**. I understand that the risks include death or partial paralysis, brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. I understand that the dangers and risks of participation in sport(s) also include the potentially high cost of medical care and impairment of the athlete's future ability to earn a living, to engage in other business, social and recreational activities. and generally to enjoy life.

Recognizing these risks, we consent to the participation of _____
(student's name)

in the sport of _____ at **Upland High School**

We also agree to comply with all rules, regulations and recommendations of administrators, coaches, athletic trainers and doctors concerning injury prevention and care.

BOTH THE APPLICANT STUDENT AND A PARENT OR GUARDIAN MUST READ CAREFULLY AND SIGN. IF THERE ARE ANY DOUBTS, QUESTIONS, OR UNCERTAINTY, CONTACT THE ATHLETIC DIRECTOR AT UPLAND HIGH SCHOOL

_____ _____
Athlete's Signature Date Parent/Guardian Signature Date

UPLAND UNIFIED SCHOOL DISTRICT STUDENT ATHLETIC INSURANCE AFFIDAVIT

STUDENT'S NAME _____ SCHOOL _____ DATE _____

To Parent or Guardian:

Before your son or daughter can be issued equipment or is eligible to participate in interscholastic/intramural athletics, according to Education Code Sections 32220 and 32221, insurance coverage must be obtained by you for the son or daughter who expects to participate. Please read carefully the following affidavit, and if, and only if, you presently have the required insurance coverage for you son or daughter, sign the Affidavit.

The Affidavit may be signed if your son or daughter has insurance coverage for only medical and hospital expenses, however, the work "none" should be written in if insurance is lacking.

AFFIDAVIT

I do understand that the insurance coverage required by Education Code Sections 32220 and 32221 includes insurance protection for medical and hospital expenses resulting from accidental bodily injury in an amount of at least $1,500 for all such services.

I further understand that the aforesaid law requires that the above coverage apply to members of athletic teams arising while such members are engaged in or preparing for an athletic event promoted under the sponsorship or arrangement of the School District or Student Body Association, or while such members are being transported by or under the sponsorship of the School District or Student Body Association to or from school or other place of instruction and the place of the athletic event.

I, _____ do hereby declare that _____
Name of parent/guardian Name of student

is insured in accordance with Education Code Section 32220 and 32221 through the following insurance company:

MEDICAL AND HOSPITAL INSURANCE

_____ _____
Insurance Company Policy Number

I declare that I will maintain this insurance and will notify, in writing, the Principal or the appropriate school immediately, if the policy is canceled or is in default. I declare under penalty of perjury the above and foregoing is true and correct.

Date_____ _____
Signature of parent or guardian

(See the Athletic Trainer or Athletic Director for additional information regarding purchasing student accident insurance.)