

EAST SIDE UNION HIGH SCHOOL DISTRICT

ASB ACTIVITY APPLICATION (School Year 09-10 10-11 11-12 12-13 13-14 14-15)

Student _____ Date of Birth _____ Student ID# _____
Last First Initial

Will participate in the following sports:

(circle one) AH EV FH IH JL MP OG WO PH SC YB

CONSENT FOR PARTICIPATION IN ACTIVITIES: I hereby give my permission for my student to participate in inter-scholastic athletics with the following exception (if none, write "NONE")

CONSENT FOR MEDICAL TREATMENT: In the event of illness or injury, I do hereby consent to whatever emergency examination, medical, surgical, anesthetic, x-ray, diagnosis and treatment, hospital care and emergency transportation that is considered necessary in the best judgment of an attending physician.

MEDICAL INSURANCE REQUIREMENT: My student is covered by medical insurance for medical and hospital expenses resulting from athletic and other injuries. I understand that East Side Union High School District will not be responsible for any school related accidents or injuries and that I am responsible for all medical bills.

Insurance Co. or Medical Plan (Kaiser, Blue Cross, Etc.) Policy Number

OR; No insurance therefore we have purchased the insurance made available by the school.

Tackle Football _____ Student Accident Insurance _____ (Insurance purchase verified by coach)

PARENT SIGNATURE: Consent for Participation in Activities, Consent for Medical Treatment, and Parent Responsibility for Insurance Coverage

Parent Signature Daytime Phone number

MEDICAL EXAMINATION: I have examined the above named student and have found him/her physically able to participate in inter-scholastic sports.

Doctors Signature: _____ License No. _____

Date: _____ Address: _____