

EAST SIDE UNION HIGH SCHOOL DISTRICT

ASB ACTIVITY APPLICATION (Circle Year 2004-05-06-07-08-09-10)

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID# \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Will participate in the following sports: \_\_\_\_\_

(Circle one) AH  EV FH IH JL MP OG WO PH SC ST 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 the East Side Union High School District will not be responsible for any school related accidents or injuries and that I am responsible for my child's medical bills if he/she gets hurt during school activities.

Insurance or Medical Plan (i.e. Kaiser, Blue Cross) \_\_\_\_\_ Policy Number \_\_\_\_\_

**OR: We have purchased the Student 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 \_\_\_\_\_

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

Doctor's Signature \_\_\_\_\_ License No. \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_