

# Ventura Community School



## Athletic Physical

## Parent/Guardian & Student Athlete Releases

(Kept on file in the High School Office)

**FOR THE PARENTS/GUARDIANS**

By signing below, I state that I have read and understand the following:

1. By its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. All student athletes should follow safety rules and the fundamental skills taught by their coaches to perform with the least chance of injury. Each student should inspect their own equipment daily.
2. I am aware that there is a Board of Education policy that contains certain regulations for academic eligibility, attendance in school, behavior both in and out of school and health rules that forbid the use of alcohol, tobacco and drugs. I fully understand that my son/daughter may be suspended or dropped from an activity for failure to abide by these rules and regulations. (See Student Code of Conduct found in the Student Handbook.)
3. As the parent/guardian of \_\_\_\_\_, I hereby give permission for this student to accompany his/her classmates to various extracurricular activities during the school year.
4. **INSURANCE:** All participants in athletics must have some type of family health/accident insurance coverage or must purchase an alternate school policy. Persons not purchasing school insurance should understand that there is no school insurance to provide protection to their child during any phase of his/her participation in athletics. Insurance information is available in the school office.

a. \_\_\_\_\_ My child is covered by a family health/accident insurance policy. Policy # \_\_\_\_\_ with \_\_\_\_\_ Insurance Company.

b. \_\_\_\_\_ I will purchase the alternate health/accident policy available through the Ventura Community Schools.

**Form must be filled out and submitted with check to the High School office. This must be done before an athlete is allowed to participate.**

X \_\_\_\_\_  
(Parent/Guardian Signature) (Date)

\* \* \* \* \*

**FOR THE STUDENTS**

Person to contact if parent/guardian cannot be located:

Name \_\_\_\_\_ Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**WARNING: AGREEMENT TO OBEY INSTRUCTIONS AND ASSUMPTION OF RISK**

1. I am aware that there is a Board of Education policy that contains certain regulations for academic eligibility, attendance in school, behavior both in and out of school and health rules that forbid the use of alcohol, tobacco and drugs. I fully understand that I may be suspended or dropped from an activity for failure to abide by these rules and regulations. (See Student Code of Conduct found in the Student Handbook.)

2. I am aware that playing or practicing to play athletics can be dangerous involving **MANY RISKS OF INJURY**. I understand that by its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. All student athletes should follow safety rules and the fundamental skills taught by their coaches to perform with the least chance of injury. Each student should inspect their own equipment daily.

Because of such dangers, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions.

The terms above shall serve as a voluntary release.

**I HAVE READ AND UNDERSTAND THE FOREGOING WARNING, AGREE TO OBEY INSTRUCTIONS AND ASSUME THE RISK OF PARTICIPATION.**

X \_\_\_\_\_  
(Student Signature) (Date)