

# Santa Monica High School

## ATHLETICS PARENT PERMISSION FORM

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_ Sport(s) \_\_\_\_\_  
Please print Last First

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

### IMPORTANT INFORMATION FOR PARENT/GUARDIAN

Student Cell \_\_\_\_\_

**Parent/Guardian please read and initial items 1-10 below and sign. Athlete please read and initial items 5-10 below and sign.**

**Parent initial**

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- \_\_\_\_ 1. Permission to Participate I hereby grant permission for my student to participate in all interscholastic sports and to go with a representative of the school on any trips relate to said sport.
- \_\_\_\_ 2. Affirmation of Athletic Insurance All Samohi athletes must carry medical insurance. Recommendation: If you have no other policy, parents may purchase Meyer-Stevens (Allianz). These insurance forms are available in the Athletics Office.
- \_\_\_\_ 3. Transportation It may be necessary to use private transportation for some tournaments and games. If this is necessary, I give permission for my student to travel in a private vehicle, driven by a licensed, fully insured adult approved by SMMUSD.
- \_\_\_\_ 4. Medical Consent In the case of injury or illness requiring medical treatment, every attempt will be made to contact parent/guardian. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further acknowledge that the District does not provide medical coverage for participant in this activity.
- \_\_\_\_ 5. Performance Enhancing Drugs I acknowledge that it is illegal to use and or abuse anabolic steroids. I further understand that the Santa Monica-Malibu Unified School District does not support the use of performance enhancing supplements and prohibits coaches from promoting such substances. \_\_\_\_\_ **Student initial**
- \_\_\_\_ 6. Transcript Release I hereby grant permission for the school to issue a student transcript to college recruiter(s). \_\_\_\_\_ **Student initial**

### INFORMED CONSENT

\_\_\_\_ 7. I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play/participate in an athletic sport may include, but are not limited to, death, serious neck injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers/risks of playing or practicing to play/participate in an athletic sport may result not only in serious injury, but in serious impairment of future abilities to earn a living, to engage in other business and recreational activities, and generally to enjoy life. In consideration of the Santa Monica-Malibu Unified School District permitting engagement in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I hereby assume all risks associated with participating and agree to hold the Santa Monica-Malibu Unified School District, its employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation in any activities related to the school's athletic team(s). The Terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assigns, and for all members of my family.

\_\_\_\_\_ **Student initial**

### PARENT AND STUDENT ACKNOWLEDGEMENT

- \_\_\_\_ 8. I have read and agree with "Pursuing Victory With Honor", "Code Of Conduct For Parent/Guardian" and "Code Of Conduct For Student Athlete". \_\_\_\_\_ **Student initial**
- \_\_\_\_ 9. I have read and agree with "ATHLETE'S CODE OF ETHICS". \_\_\_\_\_ **Student initial**
- \_\_\_\_ 10. I have read and understand the policies regarding "HAZING". \_\_\_\_\_ **Student initial**

Amt. paid \_\_\_\_\_ receipt # \_\_\_\_\_

Date \_\_\_\_\_ **Signature of Parent/Guardian** \_\_\_\_\_

Amt. paid \_\_\_\_\_ receipt # \_\_\_\_\_

**Signature of Student**