

SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT

STUDENT PARTICIPATION IN VOLUNTARY PROGRAM, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION -- DISTRICT SPONSORED PROGRAM

Date _____

Student's Name: _____ has my permission to participate in the following program:

Name of Program: Santa Monica High School Pep Squad clinic and tryouts

Activity: Cheerleading and/or dancing

Location(s): Santa Monica High School North Gym and South Gym

Health or special needs: Check as appropriate.

	My child has no special health needs or medication use that may affect their participation in this program
	My child has a special need, and instructions are attached. Number of attached pages:_____.
	Other:

I fully understand that participants are to abide by all rules and regulations governing conduct during the program. Assumption of Risk Spirit Squad activities involve dynamic moves and stunts that carry a high risk for accidental falls and for collision with other students. While reasonable measures will be taken to protect your child from injury, the inherent nature of this activity carries with it a significant risk of traumatic injury to the head, face, and muscle and skeletal systems of the body, which could result in concussion, fractures, sprains, strains, and other injuries. In granting permission for your child's participation in the Spirit Squad you are acknowledging and assuming these risks.

Parent's Signature

Please Print Name

Date

Family Medical Insurance Carrier: _____ Policy #: _____

In the event of an emergency, please contact: _____

Relationship: _____ Emergency phone number: _____
