**CURTIS CREEK SCHOOL DISTRICT**

**VOLUNTARY ACTIVITIES PARTICIPATION FORM**

Acknowledgement and Assumption of Potential Risk

I authorize my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is in grade \_\_\_\_\_\_\_\_\_\_ to participate in the following school-sponsored voluntary extra-curricular activity of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (one sport only).

To participate in Extra Curricular activities, students must maintain a minimum grade point average of 2.0 in all subjects with no more than one “F” grade. Eligibility to participate is determined by the most recent trimester’s grade point average. For fall sports refer to the report card issued in June. Read carefully and complete the form below for your child.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury to individuals who participate in such activities. I understand and acknowledge that some of the injuries, which may result from participating in these activities, include, but are not limited to, the following:

 Sprains/strains Head and/or back injuries

 Fractured bones Paralysis

 Cuts/abrasions Loss of eyesight

 Unconsciousness Death

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the school for course credit or for completion of graduation requirements.

I understand, and acknowledge that my son/daughter must be picked up no later than 15 minutes after practices or games. Failure to provide transportation may result in the dismissal from the sports program. I further understand and acknowledge that students who remain 30 minutes or more after practices or games may be immediately dismissed from the team and the student may be released to the custody of the Sheriff’s Department.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Curtis Creek School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connections with my child’s participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

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

1st Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Medical

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (e.g., Blue Cross)

In the event of an emergency and the Parents/Guardians cannot be reached, please contact:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

**A SIGNED VOLUNTARY PARTICIPATION FORM MUST BE ON FILE WITH THE SCHOOL BEFORE A STUDENT WILL BE ALLOWED TO PRACTICE FOR OR PARTICIPATE IN THE ABOVE LISTED EXTRA-CURRICULAR ACTIVITY.**

TO BE COMPLETED BY TEACHER OR OFFICE STAFF BEFORE FIRST PRACTICE:

STUDENT IS ACADEMICALLY ELIGIBLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voluntary Activities Participation Form/wrd