

RIALTO UNIFIED SCHOOL DISTRICT
Athletic Emergency Information

Name _____ Age _____ Grade _____

Address _____ City _____ State _____ Zip _____

Mother (Guardian) _____ Phone: Home _____ Cell _____ Work _____

Father (Guardian) _____ Phone: Home _____ Cell _____ Work _____

ALLERGIES OR SPECIAL HEALTH CONCERNS _____

Preferred Medical Facility _____

In the event of an emergency and I/we can not be reached, please call one of the individuals listed below:

Name _____ Phone _____

Name _____ Phone _____

PARENT/GUARDIAN TO COMPLETE:

I am aware that interscholastic sports participants are subject to serious or fatal injury, and as the parent/guardian, it is my responsibility to decide if I wish to expose my son/daughter to this risk.

In the event of an accident or sudden illness, while participating in the described athletic activity, I/we authorize the Rialto Unified School District (District) to render or obtain whatever medical services may be deemed necessary for the above named student. I/we understand that the District has no insurance covering such medical or hospital costs incurred by students and therefore, any costs incurred for treatment arising from injuries resulting from participation in this activity shall be my sole responsibility. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

_____ This student has medial insurance coverage, which meets the requirements of California Education Codes 32220 through 32224, and I elect not to purchase additional insurance

Name of present insurance company: _____ Policy Number _____
(Proof of Insurance is required. Please attach a copy of the medical insurance card)

_____ I have chosen to purchase student insurance coverage as indicated below in order to meet the requirements of California Law, Education Codes 32220 through 32224. Please return check and insurance paperwork to the Athletic Department.

SELECT ONE:

- _____ Tackle Football Coverage (covers football only)
_____ School Time Protection (covers sports other than football)
_____ 24-Hour Protection (covers sports other than football)

Check/Paperwork Received _____

I/we have read and understand the above information and the information supplied is true and correct, and I/we agree to promptly notify the school if the above information no longer applies to my/our student.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

RIALTO UNIFIED SCHOOL DISTRICT

Athletic Assumption of Risk Waiver and Indemnity Agreement

STUDENT PLANS TO PARTICIPATE IN _____
(List any sports in which student may participate for the school year)

Student's Name _____
LAST FIRST MIDDLE INITIAL

Current Address _____ City _____ State _____ Zip _____

Address Last Year (If different from current) _____

Birthdate _____ Age _____ Grade _____ Male _____ Female _____

I Live With: Natural Parent(s) _____ Stepparents(s) _____ Guardian(s) _____ Other _____

Previous School (If different from current) _____

Year _____ Reason for leaving _____

Address While Attending Previous School _____

Date of Enrollment at This School _____ Date of Enrollment as a Ninth Grader _____

ELIGIBILITY REQUIREMENTS:

- Proof of current physical examination
- Medical insurance coverage per Ed Code 32220 through 32224
- RUSD Code of Conduct / CIF Code of Ethics
- Minimum of 2.0 GPA maintained during previous grading period
- ASB Card
- Participation not allowed during an off campus suspension
- Contest will be forfeited if an ineligible athlete participates
- Complete eligibility rules are available in the Activities Office

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN AND STUDENT:

I permit the above named student to participate in the above athletic activity(ies). I understand that RUSD will only provide transportation during the CIF defined competitive season and/or school competitions. I will be responsible for the transportation of my student to all other events associated with this athletic activity. In consideration, the undersigned, his/her heirs, executors, administrators and assigns (hereinafter referred to as "I/we") hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to the above named student arising as a result of traveling to or from, participating or receiving instructions in the activity described above. I/we agree that under no circumstances will I/we prosecute or present any claim for personal injury, property damage or wrongful death against the Rialto Unified School District or any of its officers, agents, servants or employees (hereinafter referred to as "District") for any of the described causes of action.

I/we agree that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the District as a result of the above named student's participation in the described activity, I/we shall indemnify and save harmless the District from any and all claims or causes of action presented for personal injuries, property damage or wrongful death.

I/we acknowledge that I/we have read the above two paragraphs, fully and completely understand the potential dangers and possibility of injury, up to and including death, as a result of, or incidental to engaging in, and the instruction of the above described athletic activity, is fully aware of the legal consequences of signing this document, and that such participation is strictly voluntary.

Signature of Student (required) _____

_____ Date

Signature of Parent/Legal Guardian _____

_____ Date

OFFICE USE ONLY

ATHLETIC CLEARANCE

FALL INITIAL	FALL CONTINUING	WINTER INITIAL	WINTER CONTINUING	SPRING INITIAL	SPRING CONTINUING
GPA _____	GPA _____	GPA _____	GPA _____	GPA _____	GPA _____
PHYS _____	PHYS _____	PHYS _____	PHYS _____	PHYS _____	PHYS _____
ASB _____	ASB _____	ASB _____	ASB _____	ASB _____	ASB _____
INT _____	INT _____	INT _____	INT _____	INT _____	INT _____
DATE _____	DATE _____	DATE _____	DATE _____	DATE _____	DATE _____