

**TAMALPAIS UNION HIGH SCHOOL DISTRICT  
ATHLETIC PARTICIPATION CLEARANCE FORM**



**Parental Permission: I/we consent to the following:**

A) \_\_\_\_\_ has my/our permission to participate in the following sports this school.  
(student name)

M F Grade Level \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_  
Circle name of sport name of sport name of sport

**B) Has your student attended another high school within the past 12 months? If so, which: \_\_\_\_\_.**  
**I/we are aware of the CIF/NCS/MCAL transfer policy as outlined on the back of this page.**

C) The above named student resides in the Tamalpais Union High School District, or has an approved interdistrict transfer, and will abide by the district's residency policies in order to participate in athletics.

D) I have read and understand all the information on this form and in the Athletic Handbook for Student-Athletes and Parents.

E) I/we permit the above named student to compete in interscholastic athletics and travel to away competitions. If he/she is injured, the coach and/or school official is authorized to have him/her treated.

F) If above named student is participating in swimming and/or water polo sport, I authorize the team coach to be in charge of supervision and safety at away contests at the pool.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- |                    |                            |                     |                          |
|--------------------|----------------------------|---------------------|--------------------------|
| 1. Sprains/strains | 3. Unconsciousness         | 5. Paralysis        | 7. Communicable diseases |
| 2. Fractured bones | 4. Head and/or back injury | 6. Loss of eyesight | 8. Death                 |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me incidental to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK** information, all information provided is truthful and that I understand and agree to its terms.

1. **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_  
Street City Zip

Phone: Mother (h) \_\_\_\_\_ (w) \_\_\_\_\_ Father (h) \_\_\_\_\_ (w) \_\_\_\_\_

**2. In case of injury/emergency (when parents/guardian are not available) notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**3. Insurance Certification**

This certifies that the above named student is covered by personal accident insurance in case of injury while participating in interscholastic athletics during the coming school year.

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**4. Doctor's Certification**

This certifies that the above named student is physically able to participate in all interscholastic athletics during the coming school year, except for those sports listed below:

Excluded sports: \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

