

## **Athletic Participation/Parental Consent/Physical Examination Form**

For School  
Year 2020-2021

### **Part I – ATHLETIC PARTICIPATION**

Male \_\_\_\_\_  
Female \_\_\_\_\_

Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_  
(Last) (First) (MI)  
Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_  
Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Have you attended any other high school other than CHS/CVHS? Y N. If yes, what high school and year? \_\_\_\_\_

### **Part II – ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT**

(To be completed and signed by parent/guardian)

I give permission for \_\_\_\_\_ to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross-country, dance, football, golf, soccer, softball, swimming, tennis, track, volleyball wrestling.

I understand and acknowledge that these activities, by their nature, pose some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following: sprains/strains, disfigurement, fractured bones, head injuries, cuts/abrasions, loss of eyesight, unconsciousness, paralysis, 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 in order to participate in these activities, I and my son/daughter 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 Ceres Unified School District, its employees, officers, agents, or volunteers, shall not be liable for any injury suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating.

### **Part III – USE OF STEROIDS AGREEMENT**

As a condition of membership in the California Interscholastic Federation (CIF), the Governing Board of the Ceres Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D the students may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the District's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

### **Part IV – ALCOHOL, DRUG, AND CONTROLLED SUBSTANCE AGREEMENT**

We realize that unauthorized drugs or other substance, including tobacco products is unacceptable at any time; this includes during the school year as well as during the season of sport; it also includes any CUSD or non-CUSD school-sponsored events, on or off-campus. I realize that school policies regarding the possession or use of alcohol, unauthorized drugs, or other substances, as outlined in the student handbook apply to students who participate in school athletics. If I use, possess, or am found to be under the influence of any of the aforementioned substances, I agree to accept a 9 week (45 school days) suspension from participation in athletic contests from the date information is received.

### **Part V – STUDENT ATHLETE HANDBOOK**

I have read and understand the Student Athlete Handbook.

### **Part VI – CONCUSSION INFORMATION**

I have read and understand the Concussion information and the CIF Bylaw 313 information. Also, I recognize that I should inform the coach if I think my student has suffered a concussion or he/she exhibits any of the signs of concussion as detailed in the student handbook.

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SIGNATURE OF STUDENT ATHLETE

DATE

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SIGNATURE OF PARENT/GUARDIAN

DATE