One Form Per Sport

GARDEN GROVE UNIFIED SCHOOL DISTRICT
Office of Secondary Education
SUMMER HIGH SCHOOL SPORTS CAMPS REGISTRATION

Make check payable to GGUSD

Student ID: _____ School: _____

Name: _____

Sex: (M/F) _____ Birth Date _____/_____/_____ Grade in Fall*
*Athlete may **not** participate in camp unless registration/enrollment is finalized.

Street Address: _____

City: _____ Zip Code: _____

Parent/Guardian Name(s): Cell/Work Phone:

Father: _____ _____

Mother: _____ _____

Parent Email: _____

Sport	Amount	Sport	Amount
Band		Softball	
Baseball		Swim-Boys	
Basketball-Boys		Swim-Girls	
Basketball-Girls		Tennis-Boys	
Cheer		Tennis-Girls	
Color Guard		Track-Boys	
Cross Country-Boys		Track-Girls	
Cross Country-Girls		Volleyball-Boys	
Dance		Volleyball-Girls	
Flag Football		Water Polo-Boys	
Football		Water Polo-Girls	
Golf-Boys		Wrestling-Boys	
Golf-Girls		Wrestling-Girls	
Soccer-Boys			
Soccer-Girls		TOTAL:	

HEALTH HISTORY

Has or subject to (check if applies):
_____ Asthma _____Fainting Spells _____Convulsions _____Allergy to any medication, food, plant, animal or insect toxin.

_____ Diabetes _____Heart Trouble _____Bleeding Disorders _____Any condition that may require special care, medication or diet.

Explain: _____

Has difficulty with (check if applies): _____ Eyes, ears, nose, throat _____ Digestion _____ Lungs

Any condition now requiring medication? _____ Name of Medication: _____

Any restriction of activity for medication reasons? _____ Yes _____ No Explain: _____

INSURANCE INFORMATION

Do you have current insurance coverage? _____ Yes _____ No (Please read insurance information on the reverse side of this form)

Name of Insured: _____ Employer: _____

Health/Accident Insurance Company: _____ Policy Number: _____

CONSENT TO PARTICIPATE
ACKNOWLEDGEMENT OF RISK

Warning: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in and out of school, BY ITS VERY NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate, this risk.

Participants can, and have the responsibility to, help reduce the change of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW PROPER CONDITIONING PROGRAMS, AND INSPECT THEIR EQUIPMENT DAILY.

By signing this permission form, we acknowledge that we have read and understand this warning. PARENTS AND STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

As the above student's parent/guardian, I hereby grant my consent for _____ to participate in the school's summer sports/conditioning program. I have read and understand the ACKNOLWEDGEMENT OF RISK printed above.

He/She **MAY – MAY NOT** (circle one) receive medical attention by a duly licensed physician.

He/She **MAY- MAY NOT** (circle one) be admitted to a hospital in case of emergency.

I agree to assume financial responsibilities for injuries sustained by my child.

If I/we cannot be reached in case of an emergency (outside of family), please call _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Original to School Site Yellow Copy to Coach Pink Copy to Parent

9902.22 rev. 6/24

INSURANCE

The California Education Code Section 32221 requires public schools to make available for each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

(a). A group individual medical plan with accidental benefits of at least two hundred dollars ($200) for each occurrence and major medical coverage of at least ten thousand dollars ($10,000) with no more than one hundred ($100.) deductible and no less than eighty percent (80%) payable for each occurrence.

(b). Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand, five hundred dollars ($1,500).

(c). At least one thousand, five hundred dollars ($1,500) for all such medical and hospital expenses.

Furthermore, under state law (ED Code 32221.5) school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. The insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-827-4695 for student accident insurance information.

Section 32221.5 also requires that all notices regarding insurance protection for athletic team members be sent in the primary language other than English, as required by Education Code section 48985.

The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for him/her in any other way or manner, including but not limited to, purchase by himself/herself, or by his/her parent or guardian.