MT. DIABLO UNIFIED SCHOOL DISTRICT

Athletic Activity Clearance

Please Print Clearly **FORM MUST BE COMPLETED PRIOR TO PRACTICE OR TRYOUTS**

Student Name: _____ School: _____ Grade: _____

Home Address: _____ Date of Birth: _____

Athletic Activities: _____ (Fall), _____ (Winter), _____ (Spring) Year: _____

STUDENT EMERGENCY MEDICAL INFORMATION:

Student's specific medical needs: _____

_____

Current Medication(s): _____

Emergency phone numbers: Parent _____ (Home Phone) _____ (Work Phone) _____ (Cell Phone)

I give my permission for licensed medical personnel to treat this athlete in case of emergency.

→ Signature of Parent or Guardian: _____ Date: _____

MEDICAL CLEARANCE: (This section to be completed by physician.)

I certify that I have examined the above-named student and find, on the basis of that examination this student is:

_____ Approved for athletic participation or

_____ Disapproved for athletic participation (reason: _____) or

_____ Approved for athletic participation with the following restriction(s): _____

_____ Initial this line to certify that a mouth piece has been fitted to the athlete (required for football only)

Print Name of Physician: _____ Date of Examination: _____

→ Signature of Physician: _____

WAIVER OF LIABILITY AND RELEASE:

I hereby give my consent for the above-named student to compete and participate in the Mt. Diablo Unified School District approved activity program referenced on the front of this form and to travel with the school representative on authorized school trips, if applicable. I, the undersigned, hereby release and discharge the Mt. Diablo Unified School District, its officers, employers, agents, servants and volunteers (herein collectively referred to as District) from any and all liability arising out of or in connection with the above-described activity or all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above-named minor/student. For the purposes of this agreement, liability is defined as all claims, demands, losses, causes of action, suits or judgments of any and every kind that occurs during the above-described activity and that results from any cause including the active or passive conduct and /or negligence of the District or its staff and personnel.

I also acknowledge on my behalf and on the behalf of the above-named minor/student that there are risks that are inherent in the above described activity, including the risk of serious injury or death that may occur through the conduct of the activity itself, participants, coaches, District, including conduct that may not be part of the ordinary risks of the activity. Additionally, serious injury or death may occur through conduct that is not authorized by the rules and regulations of the activity. This release and waiver as set forth in the above paragraph shall also apply to all conduct and any resulting injury of death that occurs thereby in whole or in part from any cause whatsoever.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND THE WAIVER OF LIABILITY AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS AND UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR MYSELF AND THE NAMED MINOR/STUDENT. I AM AWARE THAT SERIOUS CATASTROPHIC INJURIES AND EVEN DEATH MAY RESULT IN PARTICIPATION IN ANY ATHLETIC ACTIVITY.

→ _____ (Print Name of Parent or Guardian) _____ (Signature of Parent or Guardian) _____ (Date)

Please Complete the Reverse Side of this Form