

Valley Christian Academy
Athletic Health Statement, Proof of Insurance, and Parent Consent Form 2021/2022

I hereby certify that my student is physically fit to participate in the following sports.

<input type="checkbox"/> Baseball <input type="checkbox"/> Softball	<input type="checkbox"/> Tackle Football	<input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball
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All participants must complete this form, provide proof of medical insurance, and have a parent/guardian signature authorizing their consent prior to participation in any activity or practice.

Student Name (Please Print)	Date of Birth	Grade
Address - Street	Apt.	City
		Zip
		Home Phone

CALIFORNIA LAW

The California Education Code (Sections 32221-32224 and 49470-49474) requires that each member of an athletic team shall have insurance coverage for medical and hospital expenses in an amount of at least \$1,500 while practicing for or participating in athletic activities under the jurisdiction of a public school district. "Member of an athletic team" means member of any extramural athletic team engaged in athletic events on or outside the school grounds, maintained or sponsored by the educational institution or a student body organization thereof. "Member of an athletic team" also includes their assistants, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event, including activities incidental thereto. but only while such members are being transported by or under the sponsorship or arrangements of the educational institution or a student body organization thereof to or from a school or other place of instruction and the place at which the athletic event is being conducted.

Under state law, schools are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school 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 insured program. Information about these programs which include other comparable no-cost or low-cost local, state or federally sponsored health insurance programs, may be obtained by calling 1-800-722-3365 or the Healthy Families and Medical Programs Information Line at 1-800-880-5305.

INSURANCE PROTECTION

Parents/Guardians must provide proof of insurance and complete and sign the following athletic waiver of insurance as evidence of other insurance coverage, or purchase Student Accident Insurance made available by Valley Christian Academy before the student is eligible to participate in athletic events.

Option A **Personal Insurance** - I hereby declare that my student, _____, has medical insurance in the amount of at least \$1,500 administered by _____ Insurance Co., Policy # _____, which will provide coverage for medical and hospital expenses resulting from accidental bodily injury while practicing for or participating in athletic events. Therefore, I do not want my student to subscribe to membership in the insurance program made available through the school for accidental bodily injury and hereby release the Governing Board and school officials of Valley Christian Academy from any and all responsibility to provide the insurance required under California Education Code Section 32220-32224. I WILL NOTIFY THE SCHOOL OF ANY CHANGE OR LAPSE IN THE ABOVE COVERAGE.

A copy of student's proof of medical insurance is attached.

Option B **I wish to participate in the Student Accident Plan made available by Valley Christian Academy.**

You can obtain one online at the Student Insurance provider website.

1. Log on to www.peinsurance.com. Under "Products", click on "Students", then click the appropriate link for a Brochure in English or Spanish. **You may also sign up online and print proof of your coverage (attach to this document) OR**
2. Print Brochure, complete and bring to your coach or teacher to forward to the insurance company with your payment.

A copy of student's proof of insurance is attached.

Signature of Parent/Guardian

Date

SPORTS WARNING STATEMENT

Participating in competitive athletics may result in severe injury, including paralysis or death. Players can reduce the risk by reporting all physical problems to their coaches, following coaches' instructions regarding playing techniques, training and other team rules, etc., and agreeing to obey such instructions. Even if all these requirements are met, a serious accident may still occur.

PARENT PERMISSION

In consideration of the permission granted, we, the undersigned, hereby **RELEASE, DISCHARGE** and **HOLD HARMLESS** the Valley Christian Academy from all liability arising out of or in connection with the identified athletic sport/activity. The release and discharge of the Valley Christian Academy from all liability includes any defect or alleged negligence attributed to the Valley Christian Academy or any of its coaches, agents, instructors, teachers or any assistants supervising, directing or instructing in the athletic sport/activity. (_____) **(to be initialed by the student and/or parent or guardian)**

I, _____, being the parent/legal guardian of _____ (student), have read the above release. I understand and agree to its terms. I understand that all sports can involve **MANY RISKS OF INJURY** including, but not limited to, those risks outlined above.

In the event of an accident, or sudden illness, the school has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

I also hereby give my authorization for the above named student to go with and be supervised by a representative of the school on any trips.

I am signing this document on my own behalf, as well as on behalf of my student athlete.

Signature of Parent/Guardian

Date _____