

LONG BEACH UNIFIED SCHOOL DISTRICT MIDDLE SCHOOL SPORTS PARTICIPATION FORM

Name of Student:						
Date of Birth: School: Month-Day-Year)						
(Month-Day	-Year)					
SPECIAL NOTE TO PARENT may engage in the Middle Scho of the insurance provisions which make similar provisions for the	ol Sports Program.	. Participation Form Board of Education	s are not required in . Constitutional and	the case of curricular statutory provisions	ar or regular activit s deny the right of t	ties because
The Board of Education deems These activities are voluntary of participation. No penalty other	n the part of the stu	udents and a signed l	Participation Form is	one of the condition		
Nondiscrimination Statemer access and opportunities in the activities. The Board prohibit bullying of any student based identification, ethnicity, age, sexual orientation, gender, geactual or perceived characteric	e district's academ s, at any district so on the student's ac religion, actual or p nder identity, or ge	nic, extracurricular, a hool, or school active ctual or perceived ra potential marital, par	nd other educational ity, unlawful discrim ce, color, ancestry, n rental or family statu	support programs, inination, harassment ational origin, nations, physical or menta	services, and i, intimidation, and nality, ethnic group il disability, sex,	p
PARENT AUTHORIZATION: supervision. It is not a required liable for injuries resulting from	activity. I/We und	derstand that the Boa	ard of Education, the	school district or its	s employees will no	
SPECIAL NOTE: It is require Program.	ed that students l	have physical exam	inations prior to pa	rticipating in the N	Aiddle School Spo	rts
The above named student has m	ıy permission to pε	articipate in the Mido	lle School Sports Pro	ogram during the	scł	nool year.
Signed				Date:		
Address		Telephone				
PLEASE CIRCLE SPORTS:	Volleyball	Flag Football	Basketball	Track	Soccer	
INSURANCE: I/We wish to ac application form)	quire the following	g insurance coverage	e for the above name	ed student. (Check c	overage desired an	d return
School time Protection Plan_ Equivalent insurance co	verage (Must com	plete attached sports	Year-Around 24 H insurance certificate	four Protectione)		
In case of accident, if parents ca	nnot be notified in	nmediately, please c	ontact Dr	Telepho	one:	
In case of serious injury requiring or emergency hospital care.	ng immediate atten	ntion, school district	employees are autho	orized to give first ai	d and obtain medic	al treatmen
Signature of Parent(s) or Guard			Date			
Eligibility rules apply in all gan you must: Maintain a "C" averag Maintain in your scho	ge according to dist	trict policy				ic eligibility
	ipate in athletic ac		comynig mai you	are physically lit to	ny out	

THIS CARD MUST BE FILED WITH SCHOOL BEFORE ANY STUDENT MAY RECEIVE EQUIPMENT, PARTICIPATE IN TRY-OUTS OR PRACTICE, OR COMPETE IN ANY CONTEST

I hereby certify that I meet all of the qualifications for eligibility.

Signature of Student