

GROSSMONT UNION HIGH SCHOOL DISTRICT

**Extracurricular Registration Information**

All prospective extracurricular participants must complete these materials and have parent/guardian/caregiver signature authorizing their participation prior to the issuance of school equipment in any activity practice.

Student's Legal Name (Please Print) Student ID Number Date of Birth Grade

Street Address City Zip Home Phone #

Student lives with (First and Last Name) in the High School attendance area.

Both Parents Natural Mother Only Foster Parents Court Appointed Guardian Caregiver
Natural Father Only Ward of the Court Custodial Parents

**Please support your ASB and purchase an ASB Student Discount Card.**

ASB funds support athletics and other student activities. Purchase entitles athlete to free athletic letter.

Current Semester in High School: (Please Circle) This is the students 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th high school semester List the middle school/high school last attended:

**California Law (Athletes Only)**

The California Education Code (Sections 32220-32224) requires that each member of an athletic team shall have insurance coverage for medical and hospital expenses in the amount of at least \$1500 while practicing for or participating in athletic activities sponsored under the jurisdiction of a public school district. In order to comply with state law, each athletic team member must be enrolled in either a District approved medical plan or have medical insurance of at least \$1500 provided under any other type of insurance plan(s) which may have been purchased by the student or by the parent/guardian.

**Insurance Protection Waiver**

Parent/Guardians/Caregiver must complete and sign the following athletic waiver of insurance as evidence of other insurance coverage in order for their student to be eligible to participate in interscholastic athletic events.

I (Name), the Parent/Guardian/Caregiver of (Student's Name)

a student at High School, do hereby declare that I am aware of the above provision of the California Education Code. I am further aware that the required insurance coverage specified above is available through the insurance carrier approved by the Grossmont Union High School District.

Participate in the Grossmont Union High School Districts 'APPROVED' Student Accident Plan- Complete and return, with this form, the insurance enrollment form provided to you by the school and sign the athletic insurance protection waiver.

I wish to purchase the following insurance for my student (Please check all policies purchased that applies to this sport):
Football Only CIF Sport Other Insurance available: Dental (encouraged but optional)
School Time 24 Hour Coverage

X Parent/Guardian/Caregiver Date

Personal Insurance- I hereby declare that my student (Student Name) has Medical insurance in the amount of at least \$1500.00 administered by (Carriers Name): Insurance Co. Policy/ID #, which will provide coverage for medical and hospital expenses resulting from accidental bodily injury whole participating in interscholastic athletic events. Therefore I do not want my student to purchase the services of the insurance program made available through the school district for accidental bodily injury and hereby release the Governing Board and school officials of the Grossmont Union High School District from any and all responsibilities to provide the insurance required under California Education Code 32220-32224.

I WILL NOTIFY THE SCHOOL OF ANY CHANGE OR LAPSE IN THE ABOVE POLICIES.

X Signature of Parent/Guardian/Caregiver Date

(PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM)

**This form is for one sport per season. If participating in two sports, an Athletic Clearance Card must be filled out for each sport.**  
**Check sport to be played**

|  |  |                                     |
|--|--|-------------------------------------|
| <u>Women's Fall</u>                    | <u>Women's Winter</u>                    | <u>Women's Spring</u>               |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Basketball      | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Field Hockey  | <input type="checkbox"/> Soccer          | <input type="checkbox"/> Lacrosse   |
| <input type="checkbox"/> Golf          | <input type="checkbox"/> Water Polo      | <input type="checkbox"/> Softball   |
| <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Wrestling       | <input type="checkbox"/> Swim/Dive  |
| <input type="checkbox"/> Tennis        |  | <input type="checkbox"/> Track      |
| <u>Men's Fall</u>                      | <u>Men's Winter</u>                      | <u>Men's Spring</u>                 |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Basketball      | <input type="checkbox"/> Baseball   |
| <input type="checkbox"/> Football      | <input type="checkbox"/> Soccer          | <input type="checkbox"/> Golf       |
| <input type="checkbox"/> Water Polo    | <input type="checkbox"/> Wrestling       | <input type="checkbox"/> Lacrosse   |
| <u>Other Activities</u>                | <u>Other Activities</u>                  | <input type="checkbox"/> Swim/Dive  |
| <input type="checkbox"/> Cheer         | <input type="checkbox"/> Choir           | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Marching Band | <input type="checkbox"/> Academic Decath | <input type="checkbox"/> Tennis     |
| <input type="checkbox"/> Drill Team    | <input type="checkbox"/> Other           | <input type="checkbox"/> Track      |

**Sports Warning Statement (Athletes Only)**

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks. **BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCE OCCURRENCES FROM ATHLETICS.** Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following the proper conditioning program and inspecting their equipment daily. **DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY, EVEN IF ALL THESE REQUIREMENTS ARE MET, AND EVEN IF THE ATHLETE IS USING EXCELLENT PROTECTIVE EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR.**

**Eligibility**

**Academic Eligibility:** A student must be enrolled in five (5) credit classes during the regular school day. Students must maintain a 2.0 ("C") grade point average for all courses taken in which letter grades are given. Students must pass at least four (4) classes during each grading period, regardless of grade point average.

**Citizenship Eligibility:** A student may not receive "Unsatisfactory" conduct/grade from more than one teacher. There is an appeal procedure to this requirement. The student and parent may meet with a vice principal for probation.

**Residential Eligibility:** Each extracurricular participant must live within his/her high school attendance area or have the residence eligibility approved by the school's administration.

A student who does not meet the residential requirement will not be eligible to participate in extracurricular activities. Students who do not meet one or more of the requirements for citizenship or academics will not be eligible for the duration of the subsequent grading period. If a student has met the academic and citizenship requirements listed above at the end of the subsequent grading period, eligibility to participate will be restored.

**Grossmont District Behavior Code**

All extracurricular participants will be expected to behave in a manner that is acceptable to the parents, the school and the activity supervisor. All GUSHD behavior code rules and regulations will be enforced. See your student handbook for more information.

**Parent Permission/Student Acknowledgment**

I desire that (physician's name) \_\_\_\_\_ be called (phone) \_\_\_\_\_, if possible, in the case of injury. I also give my consent for my student to compete in extracurricular activities and to travel with a representative of the school on any trips. In case of injury, the school representative is authorized to have him/her treated or hospitalized by one of the doctors cooperating with the school program; I will not hold Grossmont Union High School District or its representatives responsible for payment as a result of any accident or injury.

In case of accident, notify (name) \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

I have read and completed the extracurricular registration form and certify that to the best of my knowledge all information that I have provided is correct.

I have read and understand the GUHSD Behavior Code and eligibility standards. I will comply with these standards and accept my responsibility as a student participant.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Parent/Guardian/Caretaker Date Signature of the Student Date

**FAILURE TO COMPLETE AND SIGN ALL AREAS OF THIS FORM WILL RESULT IN THE STUDENT NOT BEING ALLOWED TO PARTICIPATE UNTIL COMPLETED AND RETURNED FOR APPROVAL BY THE FINANCE OFFICE.**

