

O.W. HOLMES JUNIOR HIGH SCHOOL
PHYSICAL FORM TO PARTICIPATE IN ATHLETICS

All students planning on participating in school sports (other than regular P.E.) need a current physical form on file at the school. Physicals are good for one year. Summer time is a great time to get this done. Sports offered at Holmes JHS are:

Grades 7, 8 Volleyball, basketball, soccer, track, cross country
Grade 9 Volleyball, basketball, can participate in all sports at Davis High

DISCLOSURE STATEMENT - PERSONAL INSURANCE COVERAGE
(Parent must fill out this portion)

I affirm that _____ has insurance
(please print name of student)

protection which fulfills the minimum requirements of the California Education Code (Section 32221) for a member of an athletic team and provides required benefits as specified below:

ACCIDENTAL BODILY INJURY BENEFITS OF AT LEAST \$1,500.00

Insurance Carrier _____

Policy Number _____

Date Effective _____ Date Expires _____

Does coverage include tackle football? ___ Yes ___ No

I agree to notify the Davis Joint Unified School District if the above coverage is terminated during the school year.

Date _____ Signature of Parent/Guardian _____

Home Address _____ Home Phone _____

DAVIS JOINT UNIFIED SCHOOL DISTRICT
PHYSICAL FORM
(Physician must fill out this portion)

I hereby certify that _____ was examined by me on
_____ and found physically fit to:

___ Engage in any sport ___ Engage only in the following sports _____

Does child have a bridge, false teeth or other dental appliance? _____

Has the child any injury or physical condition of which we should be aware of? _____

If yes, please list _____.

Please print Physician's name

Physician's signature

Address of Physician

Date

I hereby give the examining physician permission to send the above health information to the school for use by authorized personnel.

Signature of parent/guardian _____

DAVIS JOINT UNIFIED SCHOOL DISTRICT
VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter,

to participate in the District-sponsored activities of _____

I understand and acknowledge that these activities, by their very nature, pose the potential rise of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers, shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Parent/Guardian Signature

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.