

Saratoga High School ATHLETIC PARTICIPATION FORM

Please fill in all areas and return to Activities Office

(Keep this information current and call immediately to report any changes (867-3411 Ext: 203)

Please return before tryouts: \$200 Participation fee, \$90 uniform deposit, Athletic form & Steroid form

All un-used checks and paperwork will be destroyed at the end of the school year.

Student Name: (Last)	(First)	(MI)	I.D.#		
Address:	City	Zip	Male ()	Female ()	
Nickname	Home Phone () Birthdate	Grade: Circle	9	10	11 12

1st Call Parent/Legal Guardian	Employer	Work Phone ()	Ext.	Home Phone ()	Car/Cell Phone ()
Mr./Ms.					
Pager ()	E-Mail Address				

2nd Call Parent/Legal Guardian	Employer	Work Phone ()	Ext.	Home Phone ()	Car/Cell Phone ()
Mr./Ms.					
Pager ()	E-Mail Address				

List two LOCAL people to be called for your child in the event of an emergency or disaster and we are unable to locate you:					
Name	Relationship	Home Phone	Work Phone	Car/Cell Phone	Pager
1.		()	()	()	()
2.		()	()	()	()

Physician	Phone	Other Medical	Phone
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Dentist	Phone	Other Medical	Phone
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Health Insurance Company Name:	Circle HMO PPO EPO MC	Subscriber Relationship	Policy/Plan/Med. # Group/ID/Account
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Special health consideration: ALLERGIES, DIABETES, HEART, EPILEPSY, DRUG SENSITIVITY, ETC.:	PREFERRED HOSPITAL (In severe emergency student would be taken to nearest ER or Trauma Ctr.)
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Current Medication	Last Tetanus Date
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Is there any reason why this student should not participate in the regular physical education program? Yes___ No___ "If "yes" please state reason and provide doctor's excuse:

If none of the persons listed are available, I hereby authorize the principal or designee, to consent to an X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and prior authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the school year unless revoked in writing and delivered to school. I hereby indemnify the Los Gatos-Saratoga Joint Union High School District, its employees and its Governing Board from any liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization **shall be my responsibility**.

I understand that the Los Gatos-Saratoga Joint Union High School District **DOES NOT** provide accident medical insurance for students for school related injuries.

I recognize that participation in co-curricular activities is voluntary. I agree to hold harmless the Los Gatos-Saratoga Joint Union High School District and its employees and agents from any liability or responsibility for damages from any injury or accident sustained by our student while participating in or being transported to extra-curricular activities.

I hereby give my consent for _____ (Student Name) to compete in interscholastic athletics and to travel with a representative of the school on any trips. In granting permission, I recognize the right of the school administration to establish conditions under which student participation is allowed. These conditions include, but are not limited to scholarship, health, safety and discipline.

I verify that our current residence is within the Saratoga High School attendance boundaries or that we possess an interdistrict or intradistrict transfer. If student attended a different high school last year, please list: _____

Finally, I have read and understand the expectations spelled forth in the Athletic Packet.

— **Signature of Parent/Guardian** _____ **Date** _____

