

JAMM MIDDLE SCHOOL
After School Sports Permission Slip 2016-2017 School Year

Student's Last Name	First Name	Middle Initial
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Address	City	Zip Code	Grade	Date of Birth
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Parent/Guardian- Last Name	First Name	Phone: Hm #	Wk#	Cell#
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Emergency Contact <i>Other than parent/Guardian</i> Phone: Hm #	Wk#	Cell#
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Allergies (Please List)	Email Address
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Is Student on medication Yes No	If yes – name of medication
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Name of Physician	Phone#
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Insurance Carrier	Policy/Group #
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I understand that my child is to attend all practices and games, unless he/she is ill. **I further understand that there is no bussing, so THEREFORE, I AM RESPONSIBLE FOR MY CHILD'S TRANSPORTATION HOME. Students must be picked up ON TIME. Failure to pick up on time may result in your child not being able to participate.**

Insurance Information: State law requires Accidental Bodily Insurance of at least \$1,500 of scheduled medical and hospital benefits for all members of an athletic team. All medical, hospital, ambulance of other bills shall be charged to the parents or guardians and shall be considered the bill of such parents or guardians.

Transportation Authorization: The School District assumes no responsibility or liability for transporting students to and from athletic events or activities. It is further understood that the above named students may travel in automobiles operated by District employees and adult volunteers. Morgan Hill Unified School District **does not** provide insurance coverage for such trips. All parent drivers have met the district policy for required insurance and fingerprinting.

Students are not allowed to leave campus in a private vehicle without written parent permission. Since we will be using private vehicles to transport students to some athletic events we are asking for your permission for above season. Coaches and parents will be providing the transportation. If you have individual concerns please contact your student's coach or advisor.

Waiver of Claim In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the Morgan Hill Unified School District, and the State of California for injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

Year: 2016-2017 Signature of Parent/Guardian _____ Date: _____

Parent Medical Authorization: A MEDICAL EMERGENCY CARD MUST BE ON FILE AT JAMM Office. I authorize the above named student to participate in the sports or activities. In case the student becomes ill or injured Morgan Hill Unified School District is authorized to have the students treated and I authorize the medical agency to render treatment.