



# Kerman High School Athletic Clearance Form

## ATHLETIC ELIGIBILITY CLEARANCE

All athletes must have all of the following items verified and approved by the Athletic Director before going out for a sport and before the first day of practice:

1. Health Statement on the back of this form must be completed and signed by doctor.
2. Complete the Insurance Verification section on the back of this form.
3. Must have passed 5. five unit classes and have a 2.0 GPA the last report card semester/quarter.
4. Verify residency--must live in our school district.
5. All school debts must be paid.

## KERMAN HIGH SCHOOL ATHLETIC TRAVEL RELEASE

My child has my permission to participate in any and all Kerman High School sponsored athletic activities during the coming school year. It is my understanding that for school sponsored activities transportation will be provided and/or supervised by the district. I understand that all school rules apply during school activities and sports and any infraction of such rules will be reported to the site administrator for appropriate action. Further more, if my child is involved in the use of alcohol or other drugs, or violates any school policy, law or regulation, efforts will be made to notify me and if located I will, if necessary, have the option of either (1) coming after my child, or (2) giving permission to send my child home in public carrier at my expense. Should I not be located, I authorize the school to arrange for public transportation or care of my child at my expense. In the event of any injury or other medical emergency, I authorize the movement and/or transportation required and authorize any qualified physician and/or surgeon to administer any treatment, medication, surgery, therapy, or radiology that (s)he may deem necessary in such emergency situation. I further authorize the transportation of my child by ambulance if necessary and agree to pay for the expenses incurred.

## INSURANCE REQUIREMENTS

California law (Education Code Section 32220) requires every member of an athletic team to have insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts: (1) A group or individual medical plan with accidental benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (2) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; (3) At least \$1,500 for all such medical and hospital expenses.

## INSURANCE VERIFICATION

I, as parent or guardian of the student named on the opposite side of this form, certify that my son/daughter will have adequate medical/hospital insurance coverage as outlined in Education Code Sections #32220-24. I further certify that the coverage indicated on the opposite side of this form will be maintained for the duration of the school year.

## PARTICIPATION CONSENT

I hereby give my consent for the above-named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. I acknowledge that the above-named student and I have read the Athletic Policy and Procedures and are aware of their content and consequences resulting from any violation.