



SVW-WV Wildcats ATHLETIC PACKET

This packet must be filled out **in its entirety** in order for any child to participate in any **after-school interscholastic sports** at Summit View West for the 2015-2016 school year.

Please note that a physical exam is **only required at the High School level.**

There will be a \$100 fee for 1 sport, or a \$150 Athletic Fee to play any and all sports this school year. This fee will help offset the costs of transportation, uniforms, referee fees, field/gym rental fees, and equipment. An Additional fee of \$25 will be added to golf, baseball, & softball – this will cover range balls, hats, & socks.

Students will not be allowed to participate in a sport without making this commitment to their team.

Please make payment payable to Summit View West and add Athletic Fee to the memo line.

Questions – please contact Adam Legg
or alegg@thehelpgroup.org

Medical and Parent Consent Form 2015-2016

Note: **THIS FORM IS TO BE USED FOR AN INTERSCHOLASTIC ATHLETIC PHYSICAL ONLY**

**INTERSCHOLASTIC ATHLETIC MEDICAL AND PARENT
CONSENT FORM**

To the parent: Both sections of this form must be completed before your son/daughter can participate in interscholastic athletic practices or contests.

TO BE COMPLETED BY STUDENT AND PARENT

Sport(s)_____

Name_____

Current Grade_____

Birth date_____

Place of Birth (county)_____

State_____

School Attended Last Year_____

Doctor's Name _____

Doctor's Phone number_____

Doctor's Address_____ City_____

I hereby apply to participate in Interscholastic Athletics at Summit View School. I agree to abide by the Constitution, Rules and Bylaws of the California Interscholastic Federation- Southern Section and the Summit View Code of Conduct.

Student Signature_____

TO BE COMPLETED BY THE DOCTOR

Name of the Student_____ Height_____ Weight_____

Disease History: Allergies_____

Seizures_____

Comments_____

Athletics Allowed:

ALL Sports Soccer Basketball Softball

Cross Country Baseball Golf Volleyball

I hereby certify that I have examined the above- named student and there appears to be no medical reason why he/she is not physically able to compete in supervised athletic checked above at Summit View School.

Doctor's Signature_____

Please Use Hand Stamp with Signature

Date of actual Physical_____

IF PHYSICAL IS MORE THAN 1 YEAR OLD, IT IS NOT ACCEPTABLE.

ATHLETIC EMERGENCY INFORMATION AND PARENT CONSENT FOR TREATMENT

Name _____ Birthdate _____ Age _____

Parent Name _____ Home phone _____

Address _____ City _____ Grade _____

Day Phone: Father _____ Mother _____

In an emergency, if parents cannot be reached, notify:

_____ Phone _____

Family Doctor _____ Phone _____

Known allergies _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above-named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Parent / Guardian _____ Date _____

Signature

PARENT CONSENT FOR ATHLETIC PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

STUDENT'S NAME _____

ADDRESS _____

I, as parent, understand that the athletic program in which my child may enroll is optional. I (We) further understand that there is a possibility that a child may suffer serious injury or death as a result of participation in athletic activities.

I (we) also realize that the school disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances, or paramedics, etc. arising out of or by virtue of an injury to my (our) child while participating in such interscholastic competition or preparation thereof.

My (our) above named child has permission to participate in the interscholastic sport of _____.

I further acknowledge that before my child can participate in such school sponsored sport this consent must be executed by me (us) and filed at school, together with the result of a physical examination indicating that my child is physically fit to participate in such school sponsored activity.

Date _____ Parent/Guardian _____

(print name)

Parent/Guardian Signature _____

Parent/Guardian _____

(print name)

Parent/Guardian Signature _____

PARENT CONSENT FOR TRANSPORTATION FOR ATHLETIC EVENTS

STUDENT NAME _____

ADDRESS _____

I, as parent, give my consent for my child to ride on school-provided transportation during the 2015-2016 school year for the sport of _____.

I understand that the school disclaims any financial responsibility for the costs of treatment, hospitals, ambulances, or paramedics, etc. arising out of or by virtue of an injury to my child while utilizing this school-provided transportation for interscholastic events.

I realize that the school will contract with its standard bus provider for such events, and the bus provider is a licensed certified bus provider in good standing.

Date _____ Parent/Guardian Name _____

(print name)

Parent/Guardian Signature _____

Parent/Guardian Name _____

(print name)

Parent/Guardian Signature _____