

## JEFFERSON UNION HIGH SCHOOL DISTRICT INTERSCHOLASTIC SPORTS PROGRAM

Students of the Jefferson Union High School District participate in an extensive after-school interscholastic sports program with other schools of this area. This is not part of the required physical education program. Each athlete is required to:

1. Submit parental consent for participation.
2. Have medical and hospital insurance coverage of at least \$1500.
3. Be declared physically fit by a licensed physician to engage in sports during the calendar year preceding the first day of required practice.

Athletic participation will NOT be allowed until ALL of the above requirements are met.

### PARENTAL CONSENT & PHYSICAL STATEMENT

Parent/Guardian Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Emergency or Work Phone Number \_\_\_\_\_

I, the Parent or Guardian of \_\_\_\_\_ hereby give my consent for the student  
*Student's Name*

named to compete in the after-school sports program and to go with the representative of the school on

any trips. In addition, I certify that my daughter/son was examined by \_\_\_\_\_  
*Physician's Name*

on \_\_\_\_\_ and was found physically fit to engage in sports for this school year. If possible,  
*Date*

in the event of any injury, treatment should be rendered by:

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Each athlete must be declared physically fit annually (*within the calendar year preceding the first day of required practice*) by a licensed physician in order to participate in the sports program. If there are any special conditions or injuries that should be watched, please indicate:

LAST NAME:

FIRST NAME:

### VERIFICATION OF MEDICAL AND HOSPITAL INSURANCE COVERAGE

I certify that my daughter/son is covered by medical-hospital insurance with at least \$1500 in benefits.

Name of Insurance Company or Carrier \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### VERIFICATION OF VOLUNTARY ENROLLMENT IN STUDENT INSURANCE PLAN

*(to be used only by those enrolling in the Myer's & Steven's Student Insurance Plan)*

If your daughter/son is not covered by appropriate medical-hospital insurance, you may desire to take advantage of the Student Insurance Plan made available to those participating in the after-school sports program. An information bulletin outlining coverages, regulations and costs is available from the coach of the athletic team. Membership fees may be sent directly to the Insurance Company in the envelope provided with the application.

I certify that I have submitted a completed application and membership fee for the Student Insurance Plan.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Coverage Plan Selected \_\_\_\_\_ Amount Submitted \_\_\_\_\_

**TERRA NOVA HIGH SCHOOL ATHLETIC DEPARTMENT  
EMERGENCY INFORMATION CARD**

*(to accompany each traveling team)*

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

FATHER'S/GUARDIAN'S WORK PHONE \_\_\_\_\_

MOTHER'S/GUARDIAN'S WORK PHONE \_\_\_\_\_

OTHER EMERGENCY PHONE NUMBERS \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

In case of emergency and parent or above named medical doctor/dentist cannot be reached, permission is given to school authorities to seek emergency medical treatment at a hospital or other medical facility, for the student named above.

**X** Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**TERRA NOVA HIGH SCHOOL ATHLETIC CONTRACT**

1. I understand that the main purpose of my enrollment at Terra Nova High School is to acquire a well-rounded education as evidenced by A's, B's and C's on my report cards. It is my responsibility to complete all class assignments missed due to athletic absences from school and to do the best that I can in the classroom. I am aware that in order to be academically eligible I must earn an overall 2.00 GPA for all classes attempted.
2. I am aware that I must be legally enrolled and residentially eligible at Terra Nova High School as a student.
3. My conduct on and off campus will always reflect the true spirit of sportsmanship. As a visible representative of my school, I agree to conduct myself in a socially acceptable manner.
4. My appearance and behavior will reflect maturity and respect for others at all times. I will maintain high personal standards of hygiene ... remembering that good health is both a personal and team concern. I will also do my best to promote interest in my sport(s) as well as other athletic teams ... and will work to generate interest and participation by setting a positive example.
5. I understand that my presence is mandatory at all practices. My parent/guardian or I will inform the attendance office and my coach IN ADVANCE if excused absences or tardies must occur. I understand that if I cannot practice, I cannot play.
6. I understand that detentions and/or suspensions assigned by the TNHS faculty or administration will result in missed practice, game day suspensions and/or dismissal from the team.
7. I understand that my and my parent/guardian's presence is required at SPORTSMANSHIP NIGHT (the beginning of each season) and AWARDS NIGHT (the official end of each season). I also understand that failure to attend these important events will result in forfeiture of any Block TN points and/or awards that I may have earned.
8. I understand that I am financially responsible for all equipment and supplies issued to me and that they must be returned, in good repair, within one week following the end of the season. Failure to return or pay for articles not returned will result in suspension from further participation in the interscholastic sports program until returned or paid. I will wear my game uniform only at the times and locations authorized by your coach. I will keep my uniform clean and in good repair.
9. I will respect and take proper care of all school equipment and facilities.

**X** \_\_\_\_\_  
*Athlete's Signature*

**X** \_\_\_\_\_  
*Parent/Guardian Signature*