

## SAUSALITO MARIN CITY SCHOOL DISTRICT

## PARTICIPATION IN SPORTS ACTIVIES Bayside MLK Jr. Academy

I, \_\_\_\_\_, allow my child(ren) to participate in: **football basketball cross country** Parent/Guardian Name

track & field (please circle the appropriate sport) at Bayside MLK Jr. Academy for the \_\_\_\_\_\_ school year.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under supervision of a member of a medical staff of the hospital or facility furnishing medical or dental service.

As stated in the state of California Educational Code Section 35330, I understand that and hold the Sausalito Marin City School District its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation is this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violations of these rules and regulations may result in that individual being sent home at his or her parent/guardians expense.

Parent/Guardian Signature		Date	2
Address			
Phone #	Cell #		Email
Medical Insurance Carrier		Policy #	
Physician Name		Physician Phone	

## A special Note to Parent/Guardian;

1. If your son or daughter has a special medical condition, kindly attach a description of the condition to this sheet.

2. All medication must be kept and distributed by the staff (exceptions will be discussed with parent/guardian on an individual case basis.

3. Any and all medications which are prescribed to or will be taken by the student NEED to be listed below (name of medication, dosage, reason for medication:

 $\Box$  Check here if there are no special medical conditions that the staff should be aware of and no medication is required on the trip.

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