

**Middletown Unified School District  
20932 Big Canyon Road  
Middletown, CA 95461  
(707) 987-4100**

**CONSENT TO PARTICIPATE IN SPORTS COMPETITION AND PROFF OF INSURANCE COVERAGE**

I hereby give my consent for my child, \_\_\_\_\_  
to participate in the athletic program at Middletown Middle School.

I understand the following:

1. I must show proof of medical insurance coverage for my child through private health insurance, through Medi-Cal, or purchase coverage through Myer-Stevens.
2. I must submit a signed Athletic Contract.
3. I must submit a signed Voluntary Activities Participation Form.

**MEDICAL INSURANCE COVERAGE FOR ABOVE-NAMED STUDENT**

Name of Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_

Policy or Group Number \_\_\_\_\_ ID Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_

I authorize this student to travel with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have this student treated and I authorize the medical agency to render treatment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cellphone Number

\_\_\_\_\_  
Emergency Number

**MIDDLETOWN UNIFIED SCHOOL DISTRICT**  
**MIDDLETOWN MIDDLE SCHOOL**  
**VOLUNTARY ACTIVITIES PARTICIPATION FORM**  
Acknowledgement and Assumption of Potential Risk

I authorize child, \_\_\_\_\_, to participate in any of the school sponsored activities listed below:

Golf    Volleyball    Basketball    Wrestling    Softball    Track & Field

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury to individuals who participate in such activities.

I understand and acknowledge that some of the injuries which may result from participating in these activities include, but are not limited to, the following:

Sprains/strains	Head and/or back injuries
Fractured spines	Paralysis
Cuts/abrasions	Loss of eye sight
Unconsciousness	Death

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the school for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the Middletown School District, its employees, officers, agents, or volunteers, shall not be liable for any injury suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in these activities.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Athlete's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the school before a student will be allowed to participate in the above listed extracurricular activities.

MIDDLETOWN MIDDLE SCHOOL  
ATHLETIC CONTRACT

Students wishing to participate in interscholastic athletics must abide by the following guidelines before they are allowed to tryout, practice, or play a sport.

1. Provide proof of insurance.
2. Obtain parent permission.
3. Obtain a grade check of current classes.
4. Have a 2.0 GPA for the **quarter preceding** the sport and maintain a 2.0 GPA **during the sport season.**
5. Not have any “F” or incomplete grades for the **quarter preceding** or **during** their sport season. Grade checks may be required.
6. Not be missing an excessive amount of assignments during the sport season.
7. Attend school the day of the game and **fully** participate in PE.
8. Maintain good behavior, citizenship, and good sportsmanship at **ALL TIMES.**
9. **Any** use of alcohol, tobacco, or illegal drugs on or off campus will result in a two week suspension from the team, and the athlete must then petition an athletic review board for reinstatement.
10. We will follow all MUSD Board policies regarding athletics.

- **All PE excuses, including medical, will extend to all sports.**

**If you cannot participate in PE, you cannot participate in after-school sports.**

- **A Sports Operation Donation of \$50.00 is appreciated for each sport that your child participates in to help cover costs of transportation and officials.**

I understand that if I fail to follow the terms of this contract, my participation in after-school athletics may be terminated.

_____	_____
Student’s Name (Print)	Sport(s)
_____	_____
Athlete’s Signature	Parent’s Signature
Date: _____	Grade: _____