EAST SIDE UNION HIGH SCHOOL DISTRICT
ASB ACTIVITY APPLICATION (School Year 16 - 17)

Student ID#

Last Name
First Name
Initial

Date of Birth: ___ / ___ / ___

Will participate in the following sports at Mt. Pleasant High School:

CONSENT FOR PARTICIPATION IN ACTIVITIES: I hereby give my permission for my student to participate in inter-scholastic athletics with the following exception (if none, write “NONE”)

CONSENT FOR MEDICAL TREATMENT: In the event of illness or injury, I do hereby consent to whatever emergency examination, medical, surgical, anesthetic, x-ray, diagnosis and treatment, hospital care and emergency transportation that is considered necessary in the best judgment of an attending physician.

MEDICAL INSURANCE REQUIREMENT: My student is covered by medical insurance for medical and hospital expenses resulting from athletic and other injuries. I understand that East Side Union High School District will not be responsible for any school related accidents or injuries and that I am responsible for all medical bills.

Insurance Co. or Medical Plan (Kaiser, Blue Cross, Etc.)
Policy Number

OR; No insurance therefore we have purchased the insurance made available by the school.

Tackle Football
Student Accident Insurance (Insurance purchase verified by coach)

PARENT SIGNATURE: Consent for Participation in Activities, Consent for Medical Treatment, and Parent Responsibility for Insurance Coverage

Parent Signature
Daytime Phone number

Please attach Doctor’s Physical with this form