

Orland Unified School District  
Orland High School  
101 Shasta Street  
Orland CA, 95963  
530-865-1210

## AGREEMENT FOR TEAM PARTICIPATION

NAME:	DOB:
GRADE:	STUDENT ID:
ADDRESS:	PHONE:
PARENT NAME:	PARENT EMAIL:

In consideration for the Student's ability to participate on the Team, including try outs for the Team, Participation in Team practices or training sessions, the receiving of coaching, training, or direction, the participation in Team events, shows, performances, or competitions, or the traveling to and from any of the foregoing activities ("Team Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guarantee that the Student will make the Team, remain on the team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.
2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted, signed by a licensed physician, or physician-supervised and authorized nurse practitioner or physician's assistant, stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.
3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct in the athletic handbook. The athletic handbook can be located on the schools web page, from the athletic director, or in the office. The student will also follow "Victory with Honor" Code of Conduct for Interscholastic Student-Athletes. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities.
4. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or

volunteers have my express permission to administrate or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

- Education Code Section 32221.5 requires us to notify you that: “Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. You may meet this obligation in one of two ways:

**Option 1:** Private medical insurance. If this option is selected, please provide:

Name of Insurer:	Policy Number:
Coverage Dates:	

**Option 2:** Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District (please contact the District to gain additional information regarding this program).

- Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student’s name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.
- Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury.

**Student:** I am a student athlete participating in a sport at Orland High School. I have received and read “Heads Up: Concussion in High School Sports - Fact Sheet for Athletes.” I understand the nature and risk of concussion and head injury to student athletes, including the risk of continuing to play after a concussion or head injury.

\_\_\_\_\_  
Signature of Student Athlete Date

**Parent:** I, as the parent or legal guardian of the above named student, have received and read “Heads Up: Concussion in High School Sports - Fact Sheet for Parents.” I understand the nature and risk of concussion and head injury to student athletes, including the risk of continuing to play after a concussion or head injury.

\_\_\_\_\_  
Signature of Parent / Guardian Date

# AGREEMENT FOR TEAM PARTICIPATION

## Orland High School

This Code emphasized the Student Athletic portion of the Interscholastic Sports Rules and Regulations for the Orland Unified School District. Any student or parent wishing to review the complete Interscholastic Sport Rules, and Regulations should see the Athletic Director for a copy.

Students who participate in Orland High School athletics are required to abide by the Athletic Code. I understand the Athletic Code and its implications. I also understand that if I fail to uphold the provisions set forth in the Athletic Code, my privilege to participate as a team member for Orland High School may be revoked.

I have read and understand the Orland High School Athletic Code.

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Signature of Student Athlete

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Date

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Signature of Parent / Guardian

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Date