

CHICO UNIFIED SCHOOL DISTRICT

CO-CURRICULAR CODE OF CONDUCT / ASSUMPTION OF RISK / DRUG, ALCOHOL, & STERIOD BAN / INSURANCE / PHYSICAL

Co-curricular programs contribute to the educational, emotional and social development of students. Since students do not receive grades and credits for participation in co-curricular programs, students elect to participate in these activities for personal development and gratification. Co-curricular activities include elected student body offices, student clubs and organizations, athletics, yell leading and song leading.

Students who elect to participate in or compete for the opportunity to participate in co-curricular activities have inherent responsibilities to conduct themselves in a manner that reflects the values of the school, school district, community, state and nation that they represent. In addition to the behavioral standards and disciplinary consequences applicable to all students in the District, each student desiring to participate in a co-curricular activity must comply with the District's co-curricular Code of Conduct.

CO-CURRICULAR CODE OF CONDUCT

Students will comply with all federal, state and local laws, school district policies and procedures and school regulations. They will conduct themselves in a manner that reflects the common courtesies of decency, morality, cleanliness, honesty and respect for the rights and property of others. Code is in effect for Sections A, B and C during the school day, to/from a school-sponsored activity, or during the lunch period whether on or off campus.

Code Violations - Any student who elects to participate in co-curricular activities and who violates the Code of Conduct in any way may experience disciplinary consequences. Disciplinary consequences for violations of the Code of Conduct for suspendable offenses as defined in Education Code sections 48900, 48900.2-4 (enumerated in Administrative Regulation 5144.1) is as follows:

A. For violation of Education Code 48900 (a)-(b) and (e)-(t):

- (a) (1) caused, attempted to cause, or threatened to cause physical injury to another person and
(2) willfully used force or violence upon the person of another, except in self-defense;
- (b) possessed, sold or otherwise furnished any firearm, knife, explosive or other dangerous object unless, in the case of possession of any such object of this type, the student had obtained written permission to possess the item from a certificated school employee, which is concurred in by the principal or the designee of the principal;
- (e) committed or attempted to commit robbery or extortion;
- (f) caused or attempted to cause damage to school property or private property;
- (g) stolen or attempted to steal school property or private property;
- (h) possessed or used tobacco, or any products containing tobacco or nicotine products, including, but not limited to, cigarettes, cigars, miniature cigars, clove cigarettes, smokeless tobacco, snuff, chew packets and betel. However, this does not prohibit use or possession by a student of his or her own prescription products;
- (i) committed an obscene act or engaged in habitual profanity or vulgarity;
- (j) unlawfully possessed, offered, arranged or negotiated to sell any drug paraphernalia as defined in the Health and Safety Code (Section 11014.5);
- (k) disrupted school activities or otherwise willfully defied the valid authority of supervisors, teachers, administrators, school officials or other school personnel engaged in the performance of their duties;
- (l) knowingly received stolen school property or private property;
- (m) possessed an imitation firearm. As used in this section, "imitation firearm" means a replica of a firearm that is so substantially similar in physical properties to an existing firearm as to lead a reasonable person to conclude that the replica is a firearm;
- (n) committed or attempted to commit a sexual assault as defined in Section 261, 266c, 286, 288, 288a, or 289 of the Penal Code or committed a sexual battery as defined in Section 243.4 of the Penal Code;
- (o) harassed, threatened, or intimidated a student who is a complaining witness or witness in a school disciplinary proceeding for the purpose of either preventing that student from being a witness or retaliating against that student for being a witness, or both;
- (p) unlawfully offered, arranged to sell, negotiated to sell or sold the prescription drug Soma;
- (q) engaged in, or attempted to engage in, hazing as defined in Section 245.6 of the Penal Code;
- (r) a pupil who aids or abets, as defined in Section 31 of the Penal Code, the infliction or attempted infliction of physical injury to another person may suffer suspension, but not expulsion, pursuant to the provisions of this section, except that a pupil who has been adjudged by a juvenile court to have committed, as an aider and abettor, a crime of physical violence in which the victim suffered great bodily injury or serious bodily injury shall be subject to discipline pursuant to subdivision (a);
- (s) as used in this section, "school property" includes, but is not limited to, electronic files and databases:

- | | |
|--|--|
| <p>First offense in a school year</p> <p>Second offense in a school year</p> <p>Third offense in a school year</p> <p>*Exception noted in section C-3.</p> | <p>Suspension from co-curricular participation for no less than 10 days of school from the first date of disciplinary action</p> <p>Suspension from co-curricular participation for no less than 20 days of school from the first date of disciplinary action</p> <p>Suspension from co-curricular participation for the duration of the school year. The student will be placed on probation for the following year, and a subsequent violation while on probation will cause the student to be denied further co-curricular participation for the remainder of that school year.</p> |
|--|--|
- B. Students will refrain from using, possessing or furnishing alcohol or other illegal drugs as stated in Education Code section 48900 (c) and (d):
- (c) Using, possessing or furnishing alcohol; or
 - (d) Using, possessing or furnishing other illegal drugs:
- | | |
|--|---|
| <p>First offense in a school year</p> <p>Second offense in a school year</p> | <p>Suspension from co-curricular participation for no less than 20 days of school from the first date of disciplinary action</p> <p>Suspension from co-curricular participation for the duration of the school year. The student will be placed on probation for the following year, and a subsequent violation while on probation will cause the student to be denied further co-curricular participation for the remainder of that school year.</p> |
|--|---|
- C. Without limitation of the specific provisions of paragraphs A or B above, students may be suspended from participation in co-curricular activities for any of the following reasons:
1. Commission of any offense referred to in California Education Code section 48900
 - 48900.2, committed sexual harassment as defined in Section 212.5;
 - 48900.3, caused, attempted to cause, threatened to cause, or participated in an act of, hate violence, as defined in subdivision (3) of Section 233;
 - 48900.4, intentionally engaged in harassment, threats, or intimidation, directed against school district personnel or pupils, that is sufficiently severe or pervasive to have the actual and reasonably expected effect of materially disrupting classwork, creating substantial disorder, and invading the rights of either school personnel or pupils by creating an intimidating or hostile educational environment;
 - 48900.7, made terroristic threats against school officials or school property, or both

(sections 48900.2-4 and -7 are enumerated in Administrative Regulation 5144.1) which results in the student's being recommended for expulsion from school; or
 2. In addition, per California Education Code 48915, the principal or superintendent shall recommend expulsion of a pupil for any of the following acts committed at school or a school activity:
 - a. Causing serious physical injury to another person.
 - b. Possession of any knife, explosive or other dangerous object.
 - c. Unlawful possession of any controlled substance.
 - d. Robbery or extortion.
 - e. Assault or battery upon any school employee.

The principal or superintendent shall immediately suspend and recommend expulsion of a pupil who has committed any of the following acts at school or at a school activity:

 - a. Possessing, selling or furnishing a firearm.
 - b. Brandishing a knife at another person.
 - c. Unlawfully selling a controlled substance.
 - d. Committing or attempting to commit a sexual assault or sexual battery.
 - e. Possession of an explosive.

CO-CURRICULAR CODE OF CONDUCT (continued from pg. 1)

3. Commission of any felony criminal offense or any juvenile offense that would be a felony if the student were an adult. This section is applicable twenty-four hours per day and need not be a school related issue.

First offense in a school year Suspension from co-curricular participation for no less than 40 days of school from the first date of disciplinary action.

Second offense in a school year Suspension from co-curricular participation for the duration of the school year. The student will be placed on probation for the following year, and a subsequent violation while on probation will cause the student to be denied further co-curricular participation for the remainder of that school year.

Logistics

A. Every participant and his/her parent/guardian will be apprised of the co-curricular Code of Conduct via the usual school-to-student and school-to-parent communications.

B. Any student failing to return or pay for lost or damaged co-curricular equipment (uniforms, etc.) will be suspended from participation in co-curricular activities until restitution is made.

C. School principals will direct the development and implementation of any needed school regulations and/or forms to implement this procedure.

Review Process

A. Students suspended from co-curricular activities shall be notified in writing by the principal or his or her designee of the suspension and the basis thereof, as soon as practical after the school becomes aware of the basis for said suspension.

B. Students shall be entitled to a conference with the principal/designee within two school days of the notice referred to in A above. Unless otherwise directed by the principal/designee, the actual suspension shall not take place until said conference is held or the aforementioned two-day period has expired.

C. If the student or his or her parent is not satisfied with the results of the conference referred to in paragraph B above, they may have the decision reviewed by the superintendent or his or her designee by making a request within five (5) school days of receiving the notification of the decision referred to in paragraph B above.

D. If the student or his or her parent is not satisfied with the decision of the superintendent/designee, they may appear before the school board at a regular meeting (closed or open as requested by the parent).

E. During the appeal process as noted above, the suspension from co-curricular activities remains in effect pending the outcome of the appeal.

F. The process provided for herein is intended to be informal in nature and shall in no way be intended to confer a right to appeal or hearing, other than as specifically provided for herein.

AGREEMENT FOR COMPLETE DRUG AND ALCOHOL BAN

Student athletes are expected to never use, possess or sell alcohol or illegal drugs as defined in Education Code 48900 at any time (24 hours a day, seven days a week). This expectation is in effect at school or away from school. Violations verified by a school or district employee and/or a law enforcement officer will require the disciplinary consequences described below:

First Offense – The student will be suspended from participation in all activities for 20 school days beginning with the first day that the school imposes disciplinary action after due process requirements are met. In addition, the student will be considered to be on social probation and not be eligible to earn any awards. While on social probation, he/she will not be able to attend any school activities other than practices and games of her/his team. Student athletes may practice at the coach's discretion, but may not dress down for games or scrimmages. He/she may not be released from class to attend any athletic event. A student on social probation will not be able to tryout for a sport or complete a tryout process for a sport. The probation period must have ended prior to the allowable first contest date as defined by NSCIF publications in order for the student athlete to be eligible to tryout for the sport. In addition the athlete must wait for the completion of the current sport season to be eligible to tryout for the next sport.

Repeat Offense – The student will be banned from participation in all sports for the duration of the current school year.

The above measures are in addition to all other Education Code or Penal Code disciplinary consequences that may be applied by school or legal authorities.

BAN ON USE OF ANDROGENIC/ANABOLIC STEROIDS

Student athletes and their parents, legal guardians/caregivers agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. Student athletes and their parents, legal guardians/caregivers also recognize that under CIF bylaw 200.D, there could be penalties for false or fraudulent information. Student athletes and their parents, legal guardians/caregivers also understand that District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

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

I understand and acknowledge that some of the injuries/illnesses which may result from participating in activities include, but are not limited to, the following: Sprains/strains; fractured bones; unconsciousness; head and/or neck injuries; paralysis; loss of eyesight; communicable diseases; death.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by Chico Unified School District 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 Chico Unified School District, its elected or appointed officials, employees, agents, or volunteers, shall not be liable for any injury/illness suffered by my son/daughter which is incident to and / or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this PARTICIPATION AGREEMENT FOR CIF VOLUNTARY ACTIVITIES and that I understand and agree to its terms.

INSURANCE COVERAGE

California law (Education Code Sections 32220-21) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic athletic event, including cheerleaders, team mascots, band member, team managers, etc., to possess accidental bodily injury insurance providing at least \$1500 of scheduled medical and hospital benefits. Students are not to engage in interscholastic athletic practice, games or associated activities until the pertinent parts of this certificate have been completed and filed with the assistant principal of their school. Please specify below the required insurance coverage that you have provided for your son/daughter/ward.

California Education Code 32221.5: Some students may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 800-880-5305.

Insurance Company: _____

Policy Number: _____

*Please check with your insurance agent to be sure your plan includes tackle football if your child intends to participate in that sport.

I have read and understand this Student Code of Conduct for Co-Curricular Activities and recognize that a violation of Chico Unified School District Administrative Procedure 6145.1 will result in the consequences as stated.

PARENT & STUDENT MUST SIGN AND RETURN TO SCHOOL

Signature of Parent or Guardian _____ Date _____

Signature of Student _____ Date _____

STUDENT NAME

ID#

DATE

GR

Pre-participation Physical Evaluation

Date of Exam _____

| | | | | |
|---|--------------|-----------------|----------------------|---------------------|
| Name _____ | | Sex _____ | Age _____ | Date of birth _____ |
| Grade _____ | School _____ | Sport(s) _____ | | |
| Address _____ | | | Phone _____ | |
| Personal Physician _____ | | | | |
| Insurance Company: _____ | | | Policy Number: _____ | |
| *Please check with your insurance agent to be sure your plan includes tackle football if your child intends to participate in that sport. | | | | |
| In case of emergency, contact: Name _____ Relationship _____ | | | | |
| Phone (cell) _____ | | Phone (h) _____ | | Phone (w) _____ |

Explain "Yes" answers below.
Circle questions you do not know the answers to.

| | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply): | | | 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur | | | 33. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection | | | 34. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> | 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> | 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 41. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> | 42. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Neck Shoulder Upper Arm Elbow Forearm Hand/ Fingers Chest | | | 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| Upper Back Lower Back Hip Upper Arm Thigh Knee Calf/Shin Ankle Foot/Toes | | | 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES ONLY | | |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> | 47. Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> | 48. How old were you when you had your first menstrual period? _____ | | |
| 23. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> | 49. How many periods have you had in the last 12 months? _____ | | |

Explain "Yes" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

Pre-participation Physical Evaluation

Name _____ Date of Birth _____

Height _____ Weight _____ %Body Fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)

Vision R 20/____ L20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

| | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|-----------------------------|--------|-------------------|-----------|
| MEDICAL | | | |
| Appearance | | | |
| Eyes/ears/nose/throat | | | |
| Hearing | | | |
| Lymph nodes | | | |
| Heart | | | |
| Murmurs | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary (males only)+ | | | |
| Skin | | | |
| | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot/toes | | | |

*Multiple-examiner set-up only.

+Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

STUDENT NAME

ID#

DATE

GR

**ATHLETICS / SPORTS
VOLUNTARY ACTIVITIES PARTICIPATION**

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____ to participate in the Chico Unified School District (CUSD) sponsored activities of _____.

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

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

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by CUSD 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 CUSD, its elected or appointed officials, employees, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

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

Parent/Guardian Date

Student Signature Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with CUSD before a student will be allowed to participate in the above extra-curricular activities.

ATHLETIC TEAM MEMBERS INSURANCE

Each member of a school athletic team shall be covered by an insurance policy for medical and hospital expenses resulting from accidental bodily injury.

**ATHLETIC INSURANCE WAIVER
AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT**

I have private health insurance that meets the requirements under the California Education Code Section 32221.

Athletic Team/Sport: _____

Student's Name: _____

Insured Name: _____

Insurance Company: _____

Policy/I.D. Number: _____

California law (Education Code Sections 32220-21) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic athletic event, including cheerleaders, team mascots, band member, team managers, etc., to possess accidental bodily injury insurance providing at least \$1500 of scheduled medical and hospital benefits. Students are not to engage in interscholastic athletic practice, games or associated activities until the pertinent parts of this certificate have been completed and filed with the assistant principal of their school. Please specify below the required insurance coverage that you have provided for your son/daughter/ward.

California Education Code 32221.5: Some students may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 800-880-5305.

In the event of an injury or illness to _____ while participating on the athletic team, I do hereby authorize CUSD or designee, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

Parent/Guardian signature: _____ Date: _____