

# Bay Area Charter Schools Athletic Conference

## HEALTH STATEMENT / INSURANCE VERIFICATION AND PARENT CONSENT TO PARTICIPATE

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_  
(Last) (First) (Name)

**PHYSICIAN TO COMPLETE** I hereby certify that the above named student is physically fit to engage in sports.

\_\_\_\_\_  
(Print) (Physician Signature) (Date)

\_\_\_\_\_  
(Title) (State License)

Has the student had any injury or physical condition that should be watched? \_\_\_\_\_ **SPORT(S)** \_\_\_\_\_

If yes, please list \_\_\_\_\_

### **PHYSICIAN STAMP**

**PARENT TO COMPLETE** If your student has health or accident insurance, other than the Athletic Student Accident Insurance, list company name, policy number, and local claims address and phone number:

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Claims Office Address and Phone Number)

OR (check below)

I have purchased the Athletic Student Accident Insurance and have submitted the payment to the insurance company.

I hereby give my consent for the above named student to compete in sports. I authorize the student to go 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 the student treated and I authorize the medical agency to render treatment. I understand my obligation (Education Code Sections 32220 and 32221) to provide medical and hospital insurance in the amount of at least \$5,000 and certify that I have done so. In the event the medical and hospital insurance should lapse or change I agree to notify the school immediately.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Emergency Phone Number)

(BLUE OR BLACK INK)

A DUPLICATE OF THIS CARD IS ON FILE IN THE ATHLETIC OFFICE

MUST TURN INTO A.D.

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**Dr. Konstantin**

**2584 Macarthur**

**Boulevard**

**Oakland, CA**

**94602**

**510-530-5400**

**Drop in hours on**

**weekday from 11-5**