

JOHN BURROUGHS HIGH SCHOOL

A California Distinguished School

1920 Clark Avenue

Burbank, CA 91506-1999

(818) 558-4777 * FAX (818) 846-9268

Deborah Madrigal
Principal

**Please fill out and sign:
FRONT and BACK of each page.**

TO PARENTS:

In order to assure that your student is ready for interscholastic athletics, the following important requirements must be met.

1. **PHYSICAL EXAMINATION** It is the responsibility of the student and/or parent to arrange for an examination. The **ATHLETIC PARTICIPATION HEALTH FORM** (attached) must be completed and signed by a physician, and returned to school by the student or parent.
2. **EDUCATIONAL TRIP AND ACTIVITY CONSENT WITH RISK WARNING, INSURANCE VERIFICATION INFORMATION AND MEDICAL AUTHORIZATION** (Yellow Paper) Please be sure to sign this form in all **FOUR** parent signature spaces.

ADEQUATE INSURANCE California Law requires groups or individual insurance protection of at least \$1,500 for medical and hospital expense resulting from accidental injuries.

PRIVATE INSURANCE If the student is covered by private insurance, fill in the "Private Medical & Hospital Insurance:" line on the insurance verification section of Educational Trip and Activity Consent form, **NAMING THE INSURANCE COMPANY**. If group insurance, do not list the name of the group. We need the name of the insurance company and policy or plan number.

If your child is not covered under private insurance you need to purchase student insurance through the school. For application form and/or more information please see the athletic secretary.

3. **PARTICIPATION CONSENT AND WAIVER AGREEMENT FOR SPORTING ACTIVITIES**
Must be signed by parent(s) and student and returned.
4. **ATHLETIC CODE** Must be signed by student and parent and returned.
5. **ATHLETES' CODE OF ETHICS** **This is a C.I.F. requirement.** Must be signed by student and parent and returned.
6. **GROUP TRIP PERMIT** This form is for the coach to keep in case of an emergency. Please fill out, sign and return.
7. **PERIOD EXCUSE AUTHORIZATION** Please sign and return.
8. **AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STERIODS**
Must be signed by student and parent and returned.

Please return these papers to the office as soon as possible after they are signed. It is helpful to have the forms returned as a complete packet. If you have any questions concerning these forms, please contact the athletic secretary in the office at (818) 558-4777 ext. 61915

9. **SPORTSMANSHIP IN ACTION AND PACIFIC LEAGUE CODE OF SPORTSMANSHIP**

10. **GRADES AND PROBATION PROVISION** “Satisfactory grades” means a “C” (2.0) or higher grade point average on a 4.0 scale computed on all subjects taken during the grading period. Grade point average (GPA) will be calculated at each regular grading period (five weeks). A student who fails to meet the minimum requirements at any regular grading period will be immediately declared on probation and will remain on probation until the succeeding grading period. The students shall continue to be eligible during the probationary period. If, at the end of the probationary period, the student has not achieved a 2.0 unweighted average, they shall be ineligible for extra and co-curricular activities until the grading period in which they achieve an unweighted grade point average of 2.0 or higher.

In the case where a course is repeated during the summer, both grades received in that course, the grade received during the fall or spring semester and the grade received during the summer school will be included in calculating the GPA for fall eligibility. Only if it does not result in lowering the GPA. In such cases, summer school grade reporting will be considered as part of the previous grade-reporting period.

11. **CITIZENSHIP** Students who violate the requirements for good citizenship of the school of attendance will be, at any time, subject to a review of co-curricular eligibility by the school’s principal or designated assistant principal or administrative assistant. Upon a review of the student’s conduct, the principal may suspend a student for up to one semester from co-curricular eligibility or place a student on probation for a period appropriate to the level of misconduct.

A site-level decision on eligibility may be appealed to the district office. Appeals are submitted in writing to the Superintendent who shall appoint an impartial review panel consisting of a teacher or a counselor, a member of the pupil services staff and a central office administrator. The review committee may uphold, reject or modify the site-level decision.

12. **OTHER REQUIREMENTS** In football, students under age 15 may participate on the varsity team with doctor and parent written permission (CIF regulation). Students are limited to eight consecutive semesters of eligibility even if they don’t participate during that time.

All students who wish to participate must meet physical and insurance requirements as well as live legally within the John Burroughs High School area or possess a District approved permit that is cleared through Pupil Services.

**Please fill out and sign:
FRONT and BACK of each page.**

BURBANK UNIFIED SCHOOL DISTRICT
Burbank, CA
Instructional Services
Department of Secondary Education

**EDUCATIONAL TRIP AND ACTIVITY CONSENT WITH MEDICAL AUTHORIZATION
AND INSURANCE VERIFICATION**

Parent: Please complete, sign (FOUR places) and return this entire form to school.

Student _____ Grade _____
First Name Last Name (Please Print)

EDUCATIONAL TRIP AND ACTIVITY CONSENT:

I hereby give my permission for the above individual to be a member of _____
(Activity/Sport Team)
and to participate in the activities of the organization, both at school and away from school. I understand that various modes of transportation are necessary for away from school events (walking, school bus, and private auto) and I consent to such transportation. I realize that when school buses are not used, the students must make his/her own transportation arrangement and that the home must assume the responsibility en route to and from the destination.

I agree to direct my child to cooperate and conform to directions and instructions of the school district personnel in charge of the activity.

I agree to be responsible for the return of all equipment issued by the school to the above named student.

1. _____
(Signature of Parent/Guardian) Date

RISK WARNING

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 athletic 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.

Participating in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage, and improvements in equipment have reduced these risks. **HOWEVER, IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH INCIDENTS FROM OCCURRING.**

Players may reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program, and inspecting their own equipment daily. **Damaged equipment must be replaced.**

Even if all of these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur.

2. _____
Signature/Student Date Signature/Father/Guardian Signature/Mother/Guardian Date

INSURANCE VERIFICATION INFORMATION

I certify that the above individual is covered by insurance, as indicated below, which meets the requirements of the Education Code, Sections 32220 and 32221 for the minimum amount of \$1,500 for medical and hospital expenses resulting from participation in athletics and related activities and that such insurance will be kept in force for the entire period in which the student will be participating and that such insurance will not be canceled during said period without prior written notice to the school

I also understand that the school is relieved of all responsibility in case the above student is injured while participating in any sport. Any injury must be reported to the coach and the school office immediately in order not to jeopardize insurance payments.

Name of Private Medical & Hospital Insurance _____

Policy or Plan Number _____.

3. _____
(Signature of Parent/Guardian) _____ Date _____

FOR SCHOOL USE ONLY	
Purchased Student Insurance \$ _____	Date _____ Check _____ Cash _____ MO _____
Verification of Physical Exam Dr. _____	Date _____
Signature of Secretary _____	Date _____

MEDICAL AUTHORIZATION

(Student's Name)

Should it be necessary for my child to have medical treatment while participating in this organization's trips. I hereby give the School District personnel permission to use their judgment in obtaining medical service for the child and I give permission to the physician selected by the School District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred for my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Parent/Guardian (Please Print)

Address

Home Telephone Number

Business Telephone Number

Emergency Telephone Number

Date

4. _____
(Signature of Parent/Guardian)

☐ PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE IN THE SCHOOL.

John Burroughs High School
Office of Athletics and Activities

Dear Parents and Students:

John Burroughs High School has approved eligibility regulations for students in grades 9-12 relating to participation in co-curricular and extracurricular activities. The regulations will be in effect for all students involved in athletics, visual performing arts, and student government.

Students must meet the following eligibility requirements:

Academic Requirements: A student must be enrolled in a minimum of five classes and must maintain a "C" (2.0) grade point average computed on all subjects taken during the grading period. (These requirements are minimal and an individual school group may have more stringent requirements.)

- Grade Point Average (G.P.A.) is based on grades earned each grading period. Students failing to meet minimum requirements at a grading period will be declared on probation and will remain on probation until the succeeding progress report or grade report period. (Grading scale is: A = 4, B = 3, C = 2, D = 1, F = 0) The student will continue to be eligible during the probationary period. If, at the end of that period, the student has not achieved a 2.0 average he/she shall be ineligible for participation in the activities listed above until the grading period in which he/she achieves a grade point average of 2.0 or higher.

Eligibility will be determined within five school days of the end of each period.

An incomplete (I) grade is not a passing grade. For purposes of eligibility, it will be counted as an "F" until cleared. When cleared, and a letter grade is given, eligibility status will be redetermined.

Summer school grades will be included in calculating the G.P.A. for fall eligibility, only if they improve the G.P.A. If a summer school grade improves the G.P.A., it will be averaged with all other grades of the previous reporting period in calculating the G.P.A.

- The student must have passed 20 units (4 semester classes) in the previous grading period.

Citizenship/Attendance Requirements: A student who receives two or more unsatisfactory grades in citizenship from two or more teachers on a regular grading period's report card will have a review of his/her eligibility. Such review may result in the student declared eligible, on probation, or suspension for one game. Students may also be subject to an eligibility review on the basis of violations of good citizenship and good conduct as determined by the school.

- Upon a review of the student's conduct, the principal or his designee may suspend the student for one or more games, or place the student on probation for a period appropriate to the level of misconduct.
- A student who received any unexcused absences will be subject to an eligibility review.
- A student on suspension is ineligible to attend or participate in co-curricular or extracurricular activities during the period of school suspension.

Ineligible Students: Ineligible students will be allowed to try out for co-curricular activities and participate in practice sessions, rehearsals, and workouts.

Appeals: A student's ineligibility may be appealed in writing to the principal of John Burroughs High School.

It is hoped that all students will maintain the successful academic achievement and appropriate citizenship necessary to participate in our co-curricular and extracurricular programs.

Parent/Guardian Signature

Student Signature

Print Student Name: _____

**BURBANK UNIFIED SCHOOL DISTRICT
ATHLETIC CODE**

Participation in high school athletic activities is a privilege available to any students who attends a Burbank Unified School District and meets the California Interscholastic Federation - Southern Section and the Burbank Unified School District eligibility standards. The Athletic Code identifies the rights and responsibilities of participating students. It is the obligation of each student to abide by this code while representing the Burbank Unified School District in the community, on campus, and as a participant in athletic activities. Students may be suspended from athletics by his coach or by the school administration for violation of one or more of the following provisions of the Athletic Code.

Student athletes will:

- . Refrain from the use of tobacco, alcohol, and controlled substances such as non-prescription drugs as well as steroids, recognizing that their use may be illegal and harmful.
- . Refrain from willfully violating any civil or criminal laws while under the direct supervision of the Burbank Unified School District.
- . Show proper respect to all coaches, teachers, and administrators by conforming to standards, which they may set. This means observing school rules and regulations as well as team rules.
- . Show proper respect to all officials, opponents, captains, and managers.
- . Be commendable role models for other students in conduct, appearance, speech, and leadership.

Suspension from Athletics for Substance Abuse

When there is documented evidence that a student has used, possessed or been under the influence of any type of alcohol, tobacco, narcotic, hallucinogenic or other controlled substance as well as steroids, he/she will be immediately suspended from all forms of participation. The Athletics Committee will rule upon the length of suspension of a student on an individual basis.

The Athletics Committee will consist of the student's coach, the athletic director and the principal or his designee. In addition to the above, the student's counselor may be requested to participate as a member of the committee. The student and a representative of his/her choice will be asked to attend Committee meetings at which the student's case is considered.

A student who voluntarily seeks the help of a coach, counselor or other school official in an earnest attempt to address his/her problem related to substance abuse will be exempt from the following actions as long as that student is involved and making progress through counseling or other rehabilitation. This includes the requirement that the student abstain totally from possessing or using the substances described in the paragraph above. If the student continues substance abuse activities, the suspension options will be applied.

First Offense:

Suspension will be not less than two weeks or more than four weeks.
Rehabilitation will be recommended.

Second Offense:

Suspension will be not less than four weeks or more than nine weeks.
Rehabilitation/counseling will be required.

Third Offense:

Suspension will be not less than nine weeks or more than eighteen weeks.
Rehabilitation/counseling will be required prior to reinstatement in the athletic program.

Fourth Offense:

The student will be denied participation in athletic activities for the remainder of his/her enrollment in Burbank schools.

The suspension will commence at the beginning of the individual student's competition season unless the violation occurs during the competition season, in which case the suspension will be immediate.

These offenses are cumulative over the student athlete's four-year school enrollment.

I have read the Athletic Code and agree to abide by it.

Student's Signature

Date

Parent's Signature

Date

BURBANK UNIFIED SCHOOL DISTRICT
Burbank, CA
Department of Business Services
PARTICIPATION CONSENT AND WAIVER AGREEMENT
FOR JOHN BURROUGHS HIGH SCHOOL SPORTING ACTIVITIES

I HEREBY GIVE MY CONSENT TO MY SON/DAUGHTER _____ TO TRY
OUT FOR AND PARTICIPATE IN THE JOHN BURROUGHS HIGH SCHOOL (NAME SPORT) _____
TEAM AND RECOGNIZE HIS/HER RESPONSIBILITY AND REQUIREMENTS AS A LEADER AND REPRESENTATIVE OF
HIS/HER SCHOOL IN THIS SPORTING ACTIVITY.

I, THE UNDERSIGNED HAVE READ, FULLY UNDERSTAND AND AGREE TO ABIDE BY THE RULES,
REGULATIONS AND GUIDELINES WHICH WILL GOVERN MY SON/DAUGHTER IF HE/SHE IS CHOSEN TO
REPRESENT JOHN BURROUGHS HIGH SCHOOL AS A (NAME SPORT) _____
PLAYER. I UNDERSTAND, ACKNOWLEDGE AND AGREE THAT (NAME SPORT) _____
IS AN EXTRACURRICULAR ACTIVITY AND THAT ATTENDANCE AT ALL PRACTICES, GAMES,
PERFORMANCES, SPECIAL FUNCTIONS AND CAMP ARE REQUIREMENTS FOR ALL PARTICIPANTS. I
UNDERSTAND, ACKNOWLEDGE AND AGREE THAT (NAME SPORT) _____
INVOLVES A RISK OF INJURY AND EXPRESSLY ASSUME ANY RISKS WHICH ARISE DURING THE COURSE
OF PARTICIPATING IN ANY ASPECT OF (NAME SPORT) _____ ACTIVITY. I
FURTHER UNDERSTAND, AGREE AND GIVE MY CONSENT TO HAVE MY SON/DAUGHTER TRAVEL WITH
SCHOOL REPRESENTATIVES ON AUTHORIZED SCHOOL TRIPS RELATING TO (NAME SPORT) _____
_____ ACTIVITIES.

I, THE UNDERSIGNED, HEREBY RELEASE AND DISCHARGE THE JOHN BURROUGHS HIGH SCHOOL AND ITS
OFFICERS, EMPLOYEES, AGENTS, SERVANTS, COACHES AND VOLUNTEERS (HEREIN COLLECTIVELY REFERRED
TO AS "DISTRICT") FROM ANY AND ALL LIABILITY ARISING OUT OF, OCCURRING DURING OR IN CONNECTION
WITH THE ABOVE-DESCRIBED (NAME SPORT) _____ ACTIVITY, INCLUDING BUT NOT
LIMITED TO RECEIVING INSTRUCTIONS IN SAID ACTIVITY, THE PERFORMANCE OR PRACTICE OF THE ACTIVITY
OR ANY ACTIVITIES INCIDENTAL THERETO REGARDLESS OF THE LOCATION OF THE ACTIVITY, AND ALL
LIABILITIES ASSOCIATED WITH ANY AND ALL CLAIMS RELATED TO SUCH ACTIVITY THAT MAY BE FILED ON
BEHALF OF OR FOR THE ABOVE NAMED MINOR. FOR PURPOSES OF THIS AGREEMENT, LIABILITY MEANS ALL
CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGES, CAUSES OF ACTION, SUITS OR JUDGMENTS OF ANY AND
EVERY KIND THAT OCCUR DURING THE ABOVE-DESCRIBED (NAME SPORT) _____ ACTIVITY.

IT IS OUR INTENTION THROUGH THIS AGREEMENT TO EXEMPT AND RELIEVE THE JOHN BURROUGHS HIGH
SCHOOL FROM ANY AND ALL LIABILITY FOR PERSONAL INJURIES OR PROPERTY DAMAGE WHICH OCCUR
DURING THE COURSE OF PARTICIPATION IN (NAME SPORT) _____ ACTIVITY IN ANY
MANNER AT ANY LOCATION.

DATE: _____
PARENT/GUARDIAN NAME (PLEASE PRINT) _____
PARENT/GUARDIAN SIGNATURE _____
RELATIONSHIP TO STUDENT _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____

DATE: _____
PARENT/GUARDIAN NAME (PLEASE PRINT) _____
PARENT/GUARDIAN SIGNATURE _____
RELATIONSHIP TO STUDENT _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____

DATE: _____
STUDENT NAME (PLEASE PRINT) _____
STUDENT SIGNATURE _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____

CIF Southern Section Academics / Integrity / Athletics

10932 Pine Street Telephone: 562-493-9500
Los Alamitos, California 90720 Fax: 562-493-6266

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby 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. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Revised 7/08

**AGREEMENT FOR STUDENT ATHLET AND PARENT / GUARDIAN
REGARDING USE OF STEROIDS**

Print Name of Athlete

School of Attendance

Grade

Directions: As a condition of membership in the California Interscholastic Federation (CIF), the Board of Education of the Burbank Unified School District has adopted Board Policy 5131 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their paren(s)/guardian(s) sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a licensed medical prescriber, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the District's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction for athletics, suspension, or expulsion.

Warning: Use of steroids to increase strength or growth can cause serious health problems. Steroids can keep teenagers from growing to their full height; they can also cause heart disease, stroke, and damaged liver function! Men and women using steroids may develop fertility problems, personality changes, and acne. Men can also experience premature balding and develop breast tissue. These hazards are in addition to civil and criminal penalties for unauthorized sale, use, or exchange of anabolic steroids.

Signature of Student

Date

Signature of Parent / Guardian

Date

School Copy

BURBANK UNIFIED SCHOOL DISTRICT
Burbank, California
Instructional Services
Department of Secondary Education

**EDUCATIONAL TRIP AND ACTIVITY CONSENT
WITH MEDICAL AUTHORIZATION**

Parent: Please complete, sign (**three places**) and return this entire form to the school.

School Year: _____

School: John Burroughs High School

Semester: (please circle) FALL / SPRING

Student Name: _____

I hereby give my permission for the above individual to be a member of the _____ team and to participate in the activities of the organization, both at school and away from school. I understand that various modes of transportation are necessary for away from school events (walking, school bus, and private auto) and I consent to such transportation. I realize that when school buses are not used, the student must make his own transportation arrangement and that the home must assume the responsibility enroute to and from the destination.

I agree to direct my child to cooperate and conform to directions and instructions of the School District personnel in charge of the activity.

Parent/Guardian Signature

Date

Risk Warning

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 athletic 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.

Participating in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs better medical coverage and improvements in equipment have reduced these risks. HOWEVER, IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH INCIDENTS FROM OCCURRING.

Players may reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program, and inspecting their own equipment daily. Damaged equipment must be replaced.

Even if all of these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur.

Father/Guardian

Date

Mother/Guardian

Date

Student/Athlete

Date

MEDICAL AUTHORIZATION

Student Name

Parent /Guardian (Please Print)

Should it be necessary for my child to have medical treatment while participating in this organization's trips, I hereby give my permission to use their judgement in obtaining medical service for the child and I give permission to the physician selected by the School District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred for my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Address

Home Telephone Number

Business Telephone Number

Emergency Telephone Number

Parent/Guardian Signature

Date

☐ PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE IN THE SCHOOL.

Coaches Copy

BURBANK UNIFIED SCHOOL DISTRICT
Burbank, California
Instructional Services
Department of Secondary Education

**EDUCATIONAL TRIP AND ACTIVITY CONSENT
WITH MEDICAL AUTHORIZATION**

Parent: Please complete, sign (**three places**) and return this entire form to the school.

School Year: _____

School: John Burroughs High School

Semester: (please circle) FALL / SPRING

Student Name: _____

I hereby give my permission for the above individual to be a member of the _____ team and to participate in the activities of the organization, both at school and away from school. I understand that various modes of transportation are necessary for away from school events (walking, school bus, and private auto) and I consent to such transportation. I realize that when school buses are not used, the student must make his own transportation arrangement and that the home must assume the responsibility enroute to and from the destination.

I agree to direct my child to cooperate and conform to directions and instructions of the School District personnel in charge of the activity.

Parent/Guardian Signature

Date

Risk Warning

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 athletic 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.

Participating in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs better medical coverage and improvements in equipment have reduced these risks. HOWEVER, IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH INCIDENTS FROM OCCURRING.

Players may reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program, and inspecting their own equipment daily. Damaged equipment must be replaced.

Even if all of these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur.

Father/Guardian

Date

Mother/Guardian

Date

Student/Athlete

Date

MEDICAL AUTHORIZATION

Student Name

Parent /Guardian (Please Print)

Should it be necessary for my child to have medical treatment while participating in this organization's trips, I hereby give my permission to use their judgement in obtaining medical service for the child and I give permission to the physician selected by the School District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred for my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Address

Home Telephone Number

Business Telephone Number

Emergency Telephone Number

Parent/Guardian Signature

Date

☐ PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE IN THE SCHOOL.

TO PARENTS OR GUARDIANS: You are requested to read and sign below, where requested, every section of this "Athletics/Activities Clearance" signature sheet and turn into the athletics office. By signing below you agree you have read and understood the information of each page of the "Sports Packet" (<http://www.burbankusd.org/files/user/69/file/COMPLETE%20SPORTS%20PACKET.pdf>). Please print for future reference. If you do not have access to a computer/printer, you may pick up a copy in the Athletics/Activities Office. The "Coaches Copy" page is to be turned into the head coach. The physical form is turned into the athletics secretary. The form needs to be signed, dated, and stamped by the doctor's office.

STUDENT ATHLETE PACKET: By signing below, you hereby indicate that both student athlete and parent or guardian have read all of the rules that pertain to participation in athletics and activities at this school, and agree to comply with each and every rule. We understand that any violation of these rules is grounds for suspension or removal from an athletic team or the athletic program.

Parent/Guardian's Signature Student's Signature Print Student Name Date

EDUCATIONAL TRIP AND ACTIVITY CONSENT WITH MEDICAL AUTHORIZATION AND INSURANCE VERIFICATION: We have read the following sheet and give permission for the below named student to be a member of the below activity/sports team. Below is also our Insurance Verification Information and Medical Authorization information. By signing below I am stating that I have read and understand the above mentioned form. If you need to purchase insurance go to BurbankStudentAccident.com to get more information and sign up for coverage.

Father/Guardian's Signature Student's Signature Date Sports/Activity

Mother/Guardian's Signature Name of Private Medical & Hospital Insurance Emergency Phone Number

Policy or Plan Number ☐ PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE IN THE SCHOOL.

ELIGIBILITY REQUIREMENTS: By signing below I am stating that I have read and understand the eligibility requirements form.

Parent/Guardian's Signature Student's Signature Print Student Name Date

ATHLETIC CODE: I have read and understand the athletic code. I agree to abide by the code.

Parent/Guardian's Signature Student's Signature Date

C.I.F. SOUTHERN SECTION CODE OF ETHICS: I have read and understand the "Athlete's Code of Ethics." I agree to uphold those ethics at all times, while representing this high school.

Parent/Guardian's Signature Student's Signature Date

PARTICIPATION CONSENT AND WAIVER AGREEMENT: I have read and understand all parts of the above mentioned agreement.

Father/Guardian's Signature Mother/Guardian's Signature Sports/Activity

Home or Cell Number Home or Cell Number

Student Signature Home or Cell Number

PERIOD EXCUSE AUTHORIZATION: I hereby give my consent that my son / daughter, (ward), member of an interscholastic team of John Burroughs High School, be excused from school periods 5 and/or 6 on the day of a game.

Parent Signature Print Student Name

AGREEMENT FOR STUDENT ATHLETICS AND PARENT/GUARDIAN REGARDING USE OF STEROIDS: I have read and understand the above mentioned document.

Parent/Guardian's Signature Student's Signature Print Student Name Date

JOHN BURROUGHS HIGH SCHOOL
Burbank, California

PERIOD EXCUSE AUTHORIZATION

I hereby give my consent that my son / daughter, (ward), member of an interscholastic team of John Burroughs High School, be excused from school periods 5 and/or 6 on the day of a game.

Parent Signature:_____

Student:_____