(PRINT Student’s Name) wishes to participate in athletics at The Preuss School UCSD. Your assistance with our programs is essential and the time you contribute to the team will apply toward your volunteer hours.

Student’s grades are our first priority they must maintain academic eligibility in both scholarship and citizenship. Academic eligibility is defined as maintaining a 2.5 grade point average (GPA). In the event the student-athlete’s scholarship and citizenship GPA falls between a 2.0 and 2.5, the following will occur:

Student-athlete will meet with their coach to satisfy the coach’s academic requirements. These requirements may include, but not limited to the following:

1. Setting up individual contracts
2. Setting academic goals for success
3. Participation in after school tutoring and Saturday Enrichment Academy (SEA)

If a student-athlete’s GPA for either scholarship and citizenship fall below the CIF required 2.0, they will not be eligible for participation, however student-athlete will still be able to practice during the Athletic Block. This will be in effect until the next semester grade report where the student’s progress will be reassessed and they must maintain at least a 2.25 GPA or above to participate in athletics. Should their grades fall below this, it will be up to their coach whether the player will be permitted to practice or play in the games.

It is necessary that the parents specifically authorize that their child be included in these activities. The school will furnish supervision for this event, but parents should understand that supervision will end either at the end of each contest or when the student is returned back to Preuss. The school will take every precaution to assure the welfare and safety of your child while they participate in the athletic activities. Please complete the request for participation form and return it to school signed. The school can not take participation authorizations by phone.

California law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the school district or State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion. ACCORDINGLY, I/WE HEREBY WAIVE ALL CLAIMS WHICH I/WE MIGHT HAVE AGAINST THE SCHOOL DISTRICT OR THE STATE OF CALIFORNIA, their officers, agents and employees for injury, accident, illness or death occurring during or by reason of the above described activity. My signature below also grants permission to The Preuss School UCSD to transport my child in private vehicles.

Authorization to Consent (Treatment of a Minor) Section 25.8 of the Civil Code of California (I) (We), the undersigned, parent (s) of,______________________________ hereby authorize the coach or sponsor to give permission for 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 special supervision of any physician and surgeon licensed under the provisions for the Medicine Practice Act on medical staff of any qualified hospital (if you have a preference of hospitals, please make notation here _________________or other medical facility. It is understood that this authorization is given in advanced for a specific diagnosis/treatment or hospital care being required and is given to provide authority and power on the qualified physician to give specific consent to any and all such diagnosis, treatment or hospital care which the attending physician, in the exercise of his best judgment, may deem advisable

__________________________________________________________
Date Signed

__________________________________________________________
Print your name

__________________________________________________________
Parent/Guardian signature

__________________________________________________________
Phone #

__________________________________________________________
Emergency Contact Name

__________________________________________________________
Emergency Contact Phone #