

**La Sierra Academy Athletic Program  
Permission and Medical Treatment Form**

When you sign this form you are giving your child permission to travel to and from athletic events and practices with La Sierra Academy school personnel or other authorized personnel. You are also authorizing emergency medical treatment for your child should your child need emergency medical treatment as a result of their participation in the La Sierra Academy athletic program and/or an athletic event sanctioned by La Sierra Academy.

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ . I hereby give permission for him/her to participate in the athletic program as sanctioned by La Sierra Academy for the 2021-2022 school year.

In case of an emergency please notify: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference\*: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor Preference\*: \_\_\_\_\_ Phone: \_\_\_\_\_

\*In the event of a serious emergency your child will be taken to the nearest emergency facility.

CIF requires each athlete to have a physical examination before participating in athletics (CIF-SS Blue Book Code 308). The physical examination must be completed before participation in interscholastic athletic competition.

Please initial the following:

\_\_\_\_\_ My child has had a physical examination covering the 2021-2022 school year.

\_\_\_\_\_ A copy of the physical examination is on file with the athletic director.

\_\_\_\_\_  
Parent Signature Date

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# Certification of Medical Insurance

Dear Parents:

Due to the increasing cost of liability insurance covering athletic events and participants, we are forced to require the family of each athlete to have a medical insurance plan that would accommodate any injury sustained by your child during any school sponsored or sanctioned athletic event on or off the campus of La Sierra Academy. The family medical plan will serve as the primary insurance when a claim is made. The school's medical insurance is secondary insurance. Most families already have a policy in place, which will cover such accidents.

Please provide the information below stating the name and policy number of your present medical plan. By signing this form you agree that you will bear the financial responsibility for an accident and/or injury sustained by your child during any practices or games on and off the La Sierra Academy campus.

Our goal is to provide a safe, enjoyable environment for your child while competing in a Christ-centered environment. If you have any questions, please do not hesitate to contact me at 951/351-1445, extension 415.

Sincerely,

Michael Woodbury  
Athletic Director

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Students Name: \_\_\_\_\_

Name of Insurance Policy: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I agree to hold harmless (**not** file a claim against) La Sierra Academy for any incident or accident that may occur as a result of my child's participation in the Athletic Program sponsored or sanctioned by La Sierra Academy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name & Signature

\_\_\_\_\_  
Date