

HEALTH STATEMENT AND PARENT'S CONSENT

Pulse _____

BP _____

Student's Name _____

(Last)

(First)

(Initial)

I, _____
(Examining Physician's Signature)

(Title)

certify that the afore named student is physically fit to engage in sports.

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.

_____ (Date)

_____ (Signature of Parent or Guardian)

PARENT/GUARDIAN EQUIPMENT RESPONSIBILITY

We, the undersigned, assume full responsibility for the maintenance of equipment and accessories issued for sports participation through the year. We will be responsible for all repairs beyond normal wear, and if the equipment is missing or damaged beyond repair will remit to the Lompoc High School Athletic Department, within 10 days of the sports ending, 100% of the value of the equipment. We understand that equipment for one sport season must be cleared or paid for before a student will be allowed to participate in a succeeding sport season. Failure to clear remaining debts will result in the withholding of student's records including graduation diploma.

(Signature of Student)

(Signature of Parent/Guardian)

* Value is the depreciated value as stated on the latest equipment appraisal. It is a portion of the new replacement cost.

Reference: EC 48904