



APPLICATION FOR PARTICIPATION IN

(School)

HIGH SCHOOL
2024 SUMMER ATHLETIC/SPIRIT PROGRAM

NAME OF PROGRAM

Athlete Name: _____

Address: _____

City and Zip: _____

Home Phone: _____

Starting Date of Program: _____

Ending Date of Program: _____

1. I hereby apply to participate in the _____ Athletic/Spirit Program sponsored by _____ High School
2. My child is officially enrolled at the school in which he/she is participating in the summer sports program.
3. I understand that I may only participate upon approval of the Athletic/Spirit Program coach assigned to this program. I also understand that I may be withdrawn or dropped from participation in the program at any time by the coach.
4. I agree to abide by all of the rules of the Athletic/Spirit Program, to follow the directions of the coaching staff, and to abide by all of the rules of the Long Beach Unified School District and the directions of its administrators and employees.
5. I understand that participation in athletic/spirit activities can be dangerous and may be hazardous. I understand that injury, possibly resulting in death, may result from such activities, and I knowingly assume the risk of my participation in such activities.
6. All student-athletes must show proof of insurance. Myers-Stevens Insurance Company will provide an alternative for those students who are not covered by their caregivers. Either way, all students must be covered by personal medical insurance in order to participate. (see attached).

I agree to conduct my participation in a way which best ensures my own safety and the safety of my fellow participants and staff.

I further agree to hold harmless and indemnify the Long Beach Unified School District, its officers, agents, and employees, and the coaching staff from any and all losses, liability, judgments, costs, or expenses arising out of my participation in this program and acknowledge the inherent risks involved with participating in athletics/spirit teams.

Print/Type Applicant's Name

Applicant's Signature

Date

(Sports Team)

By: _____
(Print/Type Name of Coach)

Date

Notice: Parents/guardians are advised to seek regular medical examinations of their son's/daughter's/ward's medical ability to participate in athletic activities. Your signature(s) below verify that you have obtained all necessary and appropriate medical examinations and have determined that your youngster is able to participate without restrictions in the Summer Athletic/Spirit Program activities.

I/We are the parent(s)/legal guardian(s) of the above-named applicant for participation in this athletic/spirit program and I/we have read and understand this application, and agree, as a condition of submitting this application to be equally bound by its terms. Additionally, in consideration of permitting my/our son/daughter/ward to participate, and with the understanding that this is a potentially hazardous activity, I/we agree to hold harmless and indemnify the Long Beach Unified School District, its officers, agents, and employees; and the staff from any and all losses, liabilities, judgements, costs, or expenses arising out of the participation of my/our son/daughter/ward in this program.

Print/Type Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Print Name of Additional (if any) Parent/Legal Guardian

Signature

Date