CAMBRIAN SCHOOL DISTRICT
Athletic and Activity/Club Registration Form

My student wishes to participate in the following sports or activities

<table>
<thead>
<tr>
<th>Band/Orchestra</th>
<th>Cross Country</th>
<th>Volleyball</th>
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</thead>
<tbody>
<tr>
<td>Basketball</td>
<td>Soccer</td>
<td></td>
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<tr>
<td>Cheerleading</td>
<td>Track &amp; Field</td>
<td>Other:</td>
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</tbody>
</table>

All prospective participants must complete these materials, provide proof of medical insurance and have a parent/guardian signature authorizing their participation prior to participation in any activity or practice.

Student Name (Please Print)   School   Date of Birth   Grade

Address - Street   Apt.   City   Zip   Home Phone

CALIFORNIA LAW

The California Education Code (Sections 32221-32224 and 49470-49474) requires that each member of an athletic team shall have insurance coverage for medical and hospital expenses in an amount of at least $1,500 while practicing for or participating in athletic activities under the jurisdiction of a public school district. "Member of an athletic team" means member of any extramural athletic team engaged in athletic events on or outside the school grounds, maintained or sponsored by the educational institution or a student body organization thereof. "Member of an athletic team" also includes members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event, including activities incidental thereto, but only while such members are being transported by or under the sponsorship or arrangements of the educational institution or a student body organization thereof to or from a school or other place of instruction and the place at which the athletic event is being conducted.

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state or federally insured program. Information about these programs which include other comparable no-cost or low-cost local, state or federally sponsored health insurance programs, may be obtained by calling 1-800-234-1317 or the Healthy Families and Medical Programs Information Line at 1-800-880-5305.

INSURANCE PROTECTION

Parents/Guardians must provide proof of insurance and complete and sign the following athletic waiver of insurance as evidence of other insurance coverage, or purchase Student Accident Insurance made available by Cambrian School District before the student is eligible to participate in athletic events.

Option A □ Personal Insurance - I hereby declare that my student, ____________________________, has medical insurance in the amount of at least $1,500 administered by ____________________________, which will provide coverage for medical and hospital expenses resulting from accidental bodily injury while practicing for or participating in athletic events. Therefore, I do not want my student to subscribe to membership in the insurance program made available through the school district for accidental bodily injury and hereby release the Governing Board and school officials of Cambrian School District from any and all responsibility to provide the insurance required under California Education Code Section 32220-32224. I WILL NOTIFY THE SCHOOL OF ANY CHANGE OR LAPSE IN THE ABOVE COVERAGE.

□ A copy of student’s proof of medical insurance is attached.

Signature of Parent/Guardian   Date

-Over-