In order for your son/daughter to participate in athletics, he/she must be covered for the following:

**Medical and Hospital Insurance for at least $1500.00**

Please indicate below which of the insurance plans available through the school you wish to purchase and fill out the attached insurance envelope. If you have your own insurance, fill in #2.

1. Tackle Football Coverage Only (No Deductible)
   
<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Mid</th>
<th>High</th>
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<tr>
<td></td>
<td>$85.00</td>
<td>$115.00</td>
<td>$215.00</td>
</tr>
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</table>

2. Own Insurance:
   
   Medical ________________________

   Company Name and group or Policy Number ___________________________

I, as parent or guardian of ____________________________________________, a student at ____________________________ Middle School give my permission for him/her to participate in the following activities:______________________________ ____________________________.

I hereby acknowledge that I have been informed that pursuant to the provisions of Education Code Sections 32220-24, et.al. amended by the 1981 State Legislature, the governing boards of the various school districts shall NOT require that each member of an athletic team have $1500.00 for accidental death. At least $1500 hospital coverage arising while such members are engaged in, or preparing for, an athletic event promoted under the sponsorship or arrangements for the educational institution or a student body organization IS required.

It is my understanding that my child must be protected by insurance in order to participate as a member of an athletic team. It is further my understanding that I may purchase, through the school, a special insurance policy for football and a special student accident policy which will protect my child for all other sports under the provisions of the law, but that in lieu of purchasing a special insurance policy I, as parent or guardian, may provide insurance for my child.

This is to certify that my child is protected under insurance, and that I hereby agree to indemnify and hold the Fresno Unified School District harmless against responsibility for insurance coverage required under aforementioned legal sections.

I HAVE READ THE ABOVE STATEMENT AND FULLY UNDERSTAND ITS IMPLICATIONS. AS A PARENT/GUARDIAN, I ALSO GIVE MY PERMISSION TO TRANSPORT MY SON/DAUGHTER TO ATHLETIC CONTESTS ON DISTRICT APPROVED TRANSPORTATION.

**Helmet Warning**

Do not use your helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and such can result in severe head or neck injuries, paralysis, or even death to you and possible injury to your opponent. No helmet can prevent all head or neck injuries a player might receive while participating in football.

I HAVE READ THE ABOVE STATEMENT AND FULLY UNDERSTAND ITS IMPLICATIONS. AS A PARENT/GUARDIAN, I ALSO GIVE MY PERMISSION TO TRANSPORT MY SON/DAUGHTER TO ATHLETIC CONTESTS ON DISTRICT APPROVED TRANSPORTATION.