



# 2009 – 2010 MILPITAS HIGH SCHOOL ATHLETIC ELIGIBILITY FORM (2<sup>ND</sup> or 3<sup>RD</sup> SPORT)

Previous Sport(s) <Try-out or Participant>: \_\_\_\_\_

Student ID # \_\_\_\_\_ Sport \_\_\_\_\_ Level \_\_\_\_\_  
(Varsity, FS, JV)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Male or Female  
(Please Circle)

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

STUDENT: Cell: \_\_\_\_\_ Email \_\_\_\_\_

Parent(s) Guardian(s) Name(s): \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Email \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_ City/Zip: \_\_\_\_\_

**PARENT CONSENT FOR PARTICIPATION, TRAVEL AND TREATMENT**

I hereby give my consent for the above named student to participate in the athletic program of Milpitas High School/Milpitas Unified School District. I give my consent for the above-named student to travel to and from contests and practices with a representative of the school or school district. In the case this student is injured, you are authorized to have her/him treated. I/we realize emergency medical personnel will be called when deemed necessary.

\_\_\_\_\_  
Parents / Guardian's Signature \*\* \_\_\_\_\_  
Date

**ACCIDENT INSURANCE**

Student must have medical minimum set by the State of California. The above-named student has the following insurance, which covers her/him: (Please check which insurance and write the policy #)

	Policy #
____ CIF Football insurance	_____
____ School Insurance (For all sports excluding football)	_____
____ Medical Insurance Carrier Name _____	_____

\_\_\_\_\_  
Parents / Guardian Signature\*\* \_\_\_\_\_  
Date

**PURSUING VICTORY WITH HONOR**

I have a copy in our possession, have read, and agree to abide by the CIF Six Pillars of "Pursing Victory With Honor" principals.

\_\_\_\_\_  
Parents/ Guardian's Signature\*\* \_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete's Signature \*\*\* \_\_\_\_\_  
Date

**ATHLETIC INJURY WARNING WAIVER**

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning, and improvements in equipment have reduced these risks. It is impossible to totally eliminate such occurrences from athletics. Students will be instructed in proper techniques to be used in athletics competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques. No amount of instruction, precaution or supervision will totally eliminate all risks of injury. By granting permission for your daughter/son/guardian to participate in athletic competition, you, the parent/guardian, acknowledge that such risks exists.

\_\_\_\_\_  
Parents/Guardian's Signature\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete's Signature\*\*\*

\_\_\_\_\_  
Date

**CODE OF CONDUCT**

I have read and have a copy in my possession of the Milpitas High School Code of Conduct for Athletic Participation. As a parent of a student participating in athletics, I agree to all terms of the Code of Conduct. I accept the policies of the school, which prohibit the use of alcohol, tobacco, steroids, and drugs (except those legally prescribed). My child will not use or possess alcohol, tobacco, steroids and drugs at any time during the school year, on or off campus, including weekends, holidays and evenings. I also understand that my child's behavior at school and school events can affect their athletic eligibility. I completely understand the school's attendance policy in relation to athletic participation.

\_\_\_\_\_  
Parents/Guardian's Signature\*\*

\_\_\_\_\_  
Date

I have read and have a copy in my possession of the Milpitas High School Code of Conduct for Athletic Participation. As a student participating in athletics, I agree to all terms of the Code of Conduct. I accept the politics of the school, which prohibit the use of alcohol, tobacco, and drugs (except those legally prescribed). I will not use or possess alcohol, tobacco and drugs at any time during the school year, on or off campus, including weekends, holidays and evenings. I also understand that my behavior at school and school events can affect my athletic eligibility. I completely understand the school's attendance policy in relation to athletic participation.

\_\_\_\_\_  
Student Athlete's Signature\*\*\*

\_\_\_\_\_  
Date

**RESIDENTIAL ATHLETIC ELIGIBILITY (Please Check One and Sign)**

\_\_\_\_\_ As the parent/guardian of this student, I verify that my child has been enrolled at Milpitas High School continually from the beginning of their freshman year or has attended Milpitas High School continually for more than one calendar year.

OR

\_\_\_\_\_ As the parent/guardian of this student, I verify that we have moved into the Milpitas Unified School District Attendance Area within the last calendar year, with the entire family unit that lived in the previous school district attendance area, and have established residential eligibility in the Milpitas Unified School District.

OR

\_\_\_\_\_ As the parent/guardian of this student, I verify that the student is a transfer student. I know they must complete the CIF 207 and 510 transfer forms and be cleared by the CCS prior to participating in athletic contests. Athletes transferring prior to the start of their sophomore year may use the initial transfer portion of form 207. Athletes transferring after the start of their sophomore year will be ineligible from participating at the varsity level, in any sport that they participated in at the high school level in the last calendar year. An athlete may apply for hardship (waiver) to the Central Coast Section (CCS). The CIF- CCS By-Law 207 defines a Hardship.

I understand that enrollment in Milpitas High School does not mean that my child is athletically eligible.

\_\_\_\_\_  
Parents/Guardian's Signature\*\*

\_\_\_\_\_  
Date

As the student athlete, I understand to the above criteria for athletic participation.

\_\_\_\_\_  
Student Athlete's Signature\*\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Athlete's Name) Last,

\_\_\_\_\_  
First

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Level



**PARENT WAIVER FORM FOR NOT ATTENDING  
ADDITIONAL MANDATORY PARENT/ATHLETE MEETING  
FOR THE 2009 – 2010 SCHOOL YEAR**



The Milpitas High School Athletic Department encourages all parents to attend all parent meetings that involve their son or daughter. It is important to make sure that you understand all rules, regulations and the coaches' philosophy for the current sports season.

This form is for those parents who have already attended the Milpitas High School Mandatory Fall or Winter Parent /Athlete meeting for the current school year and choose not to attend the winter or spring meeting for the current school year.

**Parents who sent a representative and did not personally attend a meeting this school year may not use this waiver form.**

To the Milpitas High School Athletic Director,

I/We, \_\_\_\_\_ personally attended the Mandatory  
( Parent(s) name)

Parent/ Athlete meeting for ( fall or winter ) sports for \_\_\_\_\_ .  
(Please circle one) (sport)

I/We choose not to attend the Mandatory Parent Athlete Meeting for ( winter or spring ) sports.  
(Please circle one)

**I/We certify we personally attended the meeting and did not send a representative.**

I /We understand that it is my / our responsibility to understand all the procedures and all of the rules for athletic participation at Milpitas High School.

I / We understand that we are forfeiting our rights to question the coach about their try out procedures, philosophy, rules and general information about practices, games and playing time during the regular season.

\_\_\_\_\_  
Father Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Mother Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Father Parent/Guardian Signature

\_\_\_\_\_  
Mother Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date