

Statement of Consent & Signature Confirmation

Name of Student-athlete (Print): _____

I hereby give my consent for the above-named student to compete in IUSD athletics.

I understand this is not a guarantee that the student has or will become part of a team. I am aware that a tryout will be held. I am aware and have been encouraged to have the student attend the school's summer camp to better ready the student for the tryout.

Freshman Only - If the student does not make the team, I am aware my student will be placed in a Physical Education class as per the California Department of Education.

I am aware that participating in a school athletic team is a commitment. I understand that the commitment my student is making includes time outside of the school day. In addition to extended daily practice times, I understand that practice and games may be held during holidays and school breaks.

I agree that my student and I have read [Irvine High School's Athletic Code](http://irvinehigh.org) (available at irvinehigh.org under the Athletics tab) and will uphold/support the expected behavior and values of an IHS athlete.

I authorize the student to go with and be supervised by a representative of the school on any trips. In the event this student becomes ill or is injured, the school representatives are authorized to have the student treated and I authorized the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I give my permission to the Athletic Trainer to administer first aid, communicate with the team physicians and/or consulting physician, follow-up treatment and rehabilitation when appropriate in his/her professional judgment, as approved by the team physicians and/or consulting physicians. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Also, by signing below, you confirm that all digital signatures and uploads submitted via the Athletic Clearance process have been completed by the Student and Parent/Guardian on record.

Thank you,

Irvine Athletic Department

Student Signature (Handwritten) _____

Parent Signature (Handwritten) _____

Date _____