



1515 Hughes Way, Long Beach, California 90810 • (562) 997-8000

APPLICATION FOR PARTICIPATION

MILLIKAN HIGH SCHOOL

(School)

2025 SUMMER ATHLETIC / SPIRIT PROGRAM (Sport)

Athlete Name: _____

Address: _____

City and Zip: _____

Home Phone: _____

Starting Date of Program: _____

Ending Date of Program: _____

1. I hereby apply to participate in the _____(sport) High School Summer Sports Program sponsored by _____MILLIKAN 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 HS Summer Sports 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 I also understand that I may be withdrawn or dropped from participation in the program at any time by the coach.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 HS Summer Sports 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 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 medical, accident and death insurance. Meyers- Stevens Insurance Company will provide an alternative for those students who are not covered by their parents. Either way, all students must be covered by personal medical insurance in order to participate. (please 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.

Ifurther 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 sports.

Print/Type Applicant's Name

Applicant's Signature

Date of Signature

(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 Sports Program activities.

I/We are the parent(s)/legal guardian(s) of the above-named applicant for participation in this sports 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, judgments, costs, or expenses arising out of the participation of my/our son/daughter/ward in this program.

Print/Type Name of Parent/Legal Guardian

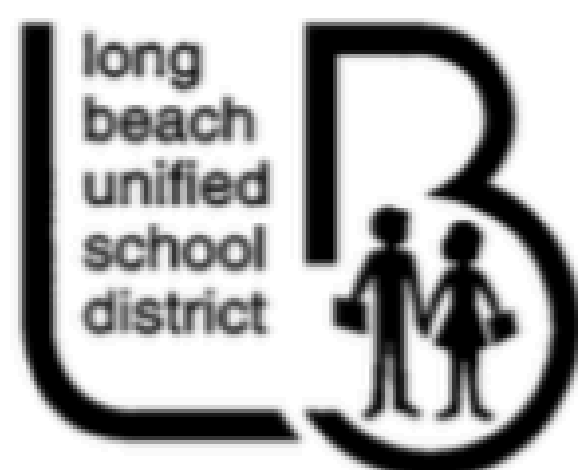
Signature of Parent/Legal Guardian

(Date)

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

Signature

(Date)



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MILLIKAN HighSchool

Athlete's Emergency Information

Sport: _____

Birthdate: _____

Name: _____

Sex: M F Age: ____ Grade: ____

Address: _____

City: _____ Zip: _____

Parent's Name: _____

Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (other than parent): Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Insurance: _____ Policy/Member#: _____ Doctor: _____

Phone: _____

Circle any of the following that apply: Diabetes Seizures Asthma Heart Condition

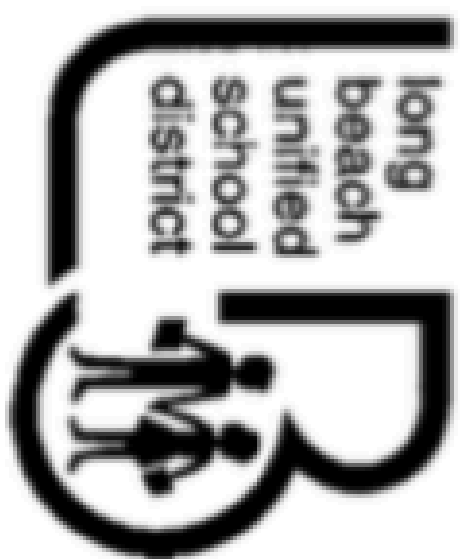
List Allergies: _____ Any medications currently being

taken: _____

Any allergies to medications: _____

In case of serious injury requiring immediate attention, school district employees
are authorized to give first aid and obtain treatment or emergency hospital care.

Signature of Parent or Guardian: _____ Date: _____



LONG BEACH UNIFIED SCHOOL
DISTRICT ATHLETIC INSURANCE
CERTIFICATE

School MILLIKAN HIGH SCHOOL

Pupil's Name _____
(Last) (First) (M.I.)

I hereby certify, under penalty of perjury, that the above-mimed pupil is covered by valid insurance which provides the following:

(1) Insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts (Ed Code 32221):

(a) A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.

(b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500).

(c) At least one thousand five hundred dollars (\$1,500) for all such medical and hospital expenses.

(2) I hereby agree that this policy shall not be cancelable without at least 10 day prior written notice to the district.

"Insurance protection in any of the above amounts shall be provided through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association, such as California Interscholastic Protection Fund, for the death or injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof to or while such members being transported by or under the sponsorship or arrangements of the school district or a student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents (\$3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Division of Industrial Relations of the State of California, effective October 1, 1966." (Ed Code 32221)

I will maintain the above coverage during the current school year or will immediately notify the school if the coverage terminates or does not meet the above requirements.

Insurance Company _____ Policy/Group No. _____ Expiration date _____
Executed at _____ California on _____, 20 _____

Signature of parent: _____