

## Residential Eligibility Information

**ALL STUDENTS MUST COMPLETE THIS FORM.** Failure to provide accurate information could negatively impact your status in athletics at Roseville High School. **All transfer students must contact the athletic administrator for additional information.**

Student Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Initial Enrollment at RHS: \_\_\_\_\_

**If you attended any high school other than Roseville High School, please complete the remainder of this form.**

Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of attendance at previous school: From \_\_\_\_\_ to \_\_\_\_\_

Reason for changing schools: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any contacts with athletic personnel of RHS previous to enrollment: \_\_\_\_\_  
\_\_\_\_\_

School sports you participated in during the past year:

Sport _____	Level _____
Sport _____	Level _____
Sport _____	Level _____

Did not participate in sports at previous school

**Indicate if your residence has changed during the past year:**

Previous Address	Current Address
_____	_____
_____	_____

(The remainder of the form is for office use only)

Forms: _____	Date to Student: _____
Date Sent to Section: _____	Notes: _____
CIF Approval Date: _____	Site Approval Date: _____
Explanation for Approval/Denial: _____	



# Roseville Joint Union High School District

## ATHLETIC CLEARANCE, PARENT PERMISSION AND CONSENT TO TREAT

**Note: STUDENTS ARE NOT TO ENGAGE IN ANY PRACTICES OR GAMES UNTIL ALL PARTS OF THIS FORM ARE COMPLETED AND CLEARED.**

**ATHLETIC INJURIES:** IT IS IMPOSSIBLE TO TOTALLY ELIMINATE ALL INJURIES FROM COMPETITIVE ATHLETICS. Players can reduce the chance of injury by obeying all safety rules in their sport, promptly reporting all physical problems/injuries to their coaches, following a proper conditioning program, and inspecting their own equipment daily. **DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY.** No athlete who has sustained a severe injury will be allowed to return to practice or competition without permission of the student's physician.

California law (Education Code Section 32221) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic team, athletic event, including song and cheerleaders, team mascots, team manager, etc. to **possess accidental bodily insurance providing at least \$1500 of scheduled medical and hospital benefits.**

Please specify on the form below the required insurance coverage that you have provided for your son/daughter:

I/We have purchased accident insurance through the school as shown below: (Check the appropriated response)

Tackle football insurance (covers tackle football only)

24-Hour insurance (covers sports other than football)

School time insurance (covers sports other than football)

Student Health Care Plan

OR

I/We have health or accident insurance for my son/daughter, which meets the requirements of California law, and elect not to purchase student insurance through the school. (List Company name and group or policy number).

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Group or Policy #

The parents/guardians of the athlete below hereby give permission for their son/daughter to travel to school sponsored athletic events on district provided transportation. I/We also give permission for my child to ride as a passenger in a vehicle driven by another parent or coach. I/We acknowledge and understand that the Roseville Joint Union High School District may not provide transportation to all school sponsored athletic events. I/We understand and acknowledge that Education Code Section 35330 provides that all persons participating in the school-related trip shall be deemed to have waived all claims against the District or State of California for injury, accident, illness or death occurring during or by reason of the trip. I/We also understand that the Roseville Joint Union High School District will not be held liable for medical services, hospital services, or accident insurance. In case of medical emergency, illness or injury, I/we hereby give permission to school district personnel to transport my son/daughter to a medical facility to receive emergency treatment. I/We acknowledge that the above insurance information is accurate, and that I/we will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

**I / We have read and understand the information in the athletic injury warning of this athletic clearance form.**

**I / We have read and understand, without question, the rules of the RJUHSD Athletic Handbook.**

**I/We hereby give my consent for my son/daughter to compete in interscholastic athletics in the Roseville Joint Union High School District.**

We hereby agree that my son/daughter shall not use androgenic/anabolic steroids, synephrine, any performance-enhancing dietary supplement without FDA approval or any performance enhancing supplement banned by the NCAA list without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Bylaw 200.D, there could be penalties, including ineligibility for CIF competition, for providing false or fraudulent information. We also understand that the Roseville Joint Union High School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_  
Mother/Father/Guardian Signature

\_\_\_\_\_  
Mother/Father/Guardian's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Date