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APPLICATION FOR PARTICIPATION IN
Long Beach Poly High School
HIGH SCHOOL
2011 SUMMER ATHLETIC PROGRAM
Poly Boys Cross Country

REVISED 6/9/11

Athlete Name: _____ Grade _____

Address: _____

City and Zip: _____

Home Phone: _____

Starting Date of Camp: Beginning of Summer

Ending Date of Camp: End of Summer

1. I hereby apply to participate in the Poly Boys XC (sport) Sports Camp sponsored by Long Beach Poly High School.
2. I understand that I may only participate upon approval of the Sports Camp coach assigned to this camp. I also understand that I may be withdrawn or dropped from participation in the camp at any time by the coach.
3. I agree to abide by all of the rules of the Sports Camp, to follow the directions of the camp 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.
4. I understand that if I am withdrawn or dropped from participation in the camp, there will be no refund of my donation.
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 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 camp participants and staff.

I further agree to hold harmless and indemnify the Long Beach Unified School District, its officers, agents, and employees, and the camp staff from any and all losses, liability, judgments, costs, or expenses arising out of my participation in this camp and acknowledge the inherent risks involved with participating in sports.

Print/Type Applicant's Name

Applicant's Signature

Date of Signature

Boys Cross Country
(Sports Team)

By: _____
Coach Phillipow
(Print/Type Name of Coach)

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 Camp activities.

I/We are the parent(s)/legal guardian(s) of the above-named applicant for participation in this sports camp 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 camp staff from any and all losses, liabilities, judgements, costs, or expenses arising out of the participation of my/our son/daughter/ward in this camp.

Print/Type Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

(Date)

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

Signature

(Date)