

## GUIDELINES FOR SPORTS CLINICS

1. The Clinic concept must be approved as a school activity by the Principal or Designee of the hosting School.
2. The event must be invitational, but the invitation can be through the newspaper or other public media
3. Specific sport(s); age; skill level; gender; and cost needs to be delineated in the invitation
4. All participants must be checked in at the Clinic.
5. At registration, the participant must produce; emergency contact form; and a signed Waiver of Liability form. The two forms can be made available prior to registration.
6. Parents need to be notified/made aware of all of the arrangements for the Clinic to include but not be limited to: beginning and ending times; pick-up sites and times; meal arrangements; clinic curriculum; individuals teaching at the clinic; and any other rules the hosting School feels are necessary.
  - A. Instructors approved to work with participants at the clinic include:
    - (1) Merced Union High School District Students
    - (2) Merced Union High School District Employees
    - (3) Merced Union High School District Approved Coach
      - a. Completed District approved Mandated Reporter Training
      - b. Finger Print Clearance from Merced Union High School District
      - c. Completed Coaches training
7. SISC Recommends purchase of Special Event Coverage or Sports Camp Coverage through a third party vendor. Information is available through the Risk Management Office.
8. The host School needs to provide sufficient supervision to oversee all the athletes and the activities.
9. If meals are involved, the participants must either “brown-bag it”, or purchase from the cafeteria on campus or arrangements could be made with a Booster Club to provide food as a fundraiser. The participants may not leave the premises to obtain meals.



## Merced Union High School District Non-Student Waiver Packet

Child's Full Name:	Date of Birth:
Mother's Full Name:	Phone #: (    )
Father's Full Name:	Phone #: (    )
Legal Guardian's Full Name:	Phone #: (    )
Emergency Contact Name:	Phone #: (    )
Email:	
Activity:	
Date of Activity:	
Childs Year in School:	
Please list any allergies, disabilities, or conditions that should be known to the staff:	
Please list any physical or emotional health concerns that our staff should be aware of:	
Is your child currently taking any medications:	
<p>In case of emergency and I cannot be reached, I authorize the Merced Union High School District Staff and Volunteers to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.</p>	
<b>Signature of Parent or Guardian:</b> _____ <b>Date:</b> _____	

*All of the requested information must be completely filled out and returned prior to your child participating in said activity.*

# NON-STUDENT VOLUNTARY ACTIVITIES PARTICIPATION FORM

## ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, \_\_\_\_\_ to participate in the District sponsored activities of \_\_\_\_\_.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses that may result from participating in these activities include, but are not limited to, the following:

- |                              |                          |
|------------------------------|--------------------------|
| 1. Sprains/strains           | 5. Paralysis             |
| 2. Fractured bones           | 6. Loss of eyesight      |
| 3. Unconsciousness           | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death                 |

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in these activities I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers shall not be liable and I hereby waive, release, and discharge them from any future claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by me arising as a result of engaging or receiving instruction in said activity or any activity that is incidental thereto.

I acknowledge that I have carefully read this NON-STUDENT VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



## Visual/Audio Image Release Form

I grant permission to Merced Union High School District, its employees and agents, to take and use visual/audio images of me. Visual/Audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. MUHSD will not materially alter the original images. The sponsored websites, publication, promotions, broadcasts, advertisements, posters, and theater slides, as well as for non-District uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release MUHSD and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages, or liability which I may ever have in connection with the taking of and/or use of the images or printed material used with the images. I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its contents, and I freely accept the terms.

Printed name of subject:

Signature of Subject:

Signature of Parent/Guardian if under 18 years of age:

Date:

Activity: