

**PARENTAL AUTHORIZATION AND ACKNOWLEDGMENT
FOR EXTRA-CURRICULAR ACTIVITY PARTICIPATION**

I, _____, the parent/guardian of _____, authorize my son/daughter to participate in the extra-curricular programs, i.e., field trips, athletics, band, cheerleading, offered by the Porterville Unified School District, hereinafter referred to as the "District".

I fully understand that the District does not provide or make available medical and hospital services for any of its students participating in extra-curricular programs.

As the parent/guardian, I assume full responsibility for any medical and hospital services that may be needed by my son/daughter in the course of the extra-curricular activity, including, but not limited to, his/her participation in practice sessions, travel to and from competitions, and participation in competitions.

Furthermore, I shall pay the costs for any medical and hospital services which may be required for my son/daughter while he/she is a participant in any extra-curricular program offered by the District and shall defend, indemnify, and hold harmless the District in any suit which may be brought against the District for the costs of such services, including attorney fees.

I understand that I may purchase insurance for medical and hospital services through Pacific Educators, Inc., the District's student insurance provider, for any injuries incurred by my son/daughter during the course of participation in extra-curricular programs. If I wish to purchase such insurance from the District's provider, I may contact my school's office or the Porterville Unified School District Business Office for information (Education Code 49471).

Parent/Guardian Signature

Date: _____

Student Signature

Date: _____

Coach/Faculty Advisor Signature

Date: _____