

**UNCHARTED SHORES ACADEMY  
COMPETITIVE SPORTS AGREEMENT**

**STUDENT:** \_\_\_\_\_ **GRADE:** \_\_\_\_ **YEAR:** \_\_\_\_\_

My student has permission to participate in the following sections of the Uncharted Shores Academy competitive sports program: \_\_\_\_ Volleyball \_\_\_\_ Basketball \_\_\_\_ Track \_\_\_\_ Pep  
I agree to the following terms and conditions:

\_\_\_\_\_ My student has received a sports physical and his/her doctor agrees that he/she is physically able to participate in the sport.

\_\_\_\_\_ My student will be ineligible to play should he/she display unsatisfactory conduct at school or sporting events or does not maintain satisfactory grades in school.

\_\_\_\_\_ My student has insurance, as indicated below, and I will hold harmless Uncharted Shores Academy for any expense that may occur as a result of any injury to my child while participating in the sports program.

**INSURANCE INFORMATION**

I certify that the above mentioned student has coverage for any injuries that may occur while he/she is participating in the Uncharted Shores Academy sports program. The coverage is provided by:

\_\_\_\_\_ A private insurance company:

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Termination Date: \_\_\_\_\_

**OR**

\_\_\_\_\_ Medi-cal

Medi-cal ID # \_\_\_\_\_

**OR**

\_\_\_\_\_ Accident Insurance offered through Uncharted Shores Academy's liability program (if you desire this option, the cost and forms will be provided to you)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person to contact during/after games and practices: \_\_\_\_\_

Phone number of contact during/after games and practices: \_\_\_\_\_