



Office of  
Administrative Services  
530.938.5220

## VOLUNTARY ACTIVITIES PARTICIPATION FORM – MINOR

### ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

\_\_\_\_\_ wishes to voluntarily participate in the District-sponsored activity of:  
Name of Participant

**Event:** 2021 Siskiyous Eagles Basketball Camp  
**When:** Monday, June 21, 2021 through Friday, June 25, 2021  
**Where:** College of the Siskiyous Weed Campus Gym  
800 College Ave, Weed, CA  
**Sponsored by:** College of the Siskiyous Men's Basketball  
Kyle Heath, Head Coach

**Masks must be worn in the Gym**

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 which may result from participating in these activities include, but are not limited to, the following:

- Sprains/strains
- Fractured bones
- Unconsciousness
- Head and/or back injuries
- Paralysis
- Loss of eyesight
- Communicable diseases
- Death

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

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 which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers, shall not be liable for any injury/illness suffered by me which is incidental to and/or associated with preparing for and/or participating in this activity.

I agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in the event or activity without compensation from the Siskiyous Joint Community College District, and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose.

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

\_\_\_\_\_  
Participant Name Participant Phone

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

\_\_\_\_\_  
Parent/Guardian Signature (if participant is under 18 years of age) Date



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**MEDICAL AUTHORIZATION - MINOR**

**ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED**

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand that I hold the Siskiyou Joint Community College District, its officers, agents, employees and volunteers harmless from any and all liability or claims, which may arise out of or in connection with my child's voluntary participation in the following activity.

<b>Event: 2021 Siskiyou Eagles Basketball Camp</b> <b>When: Monday, June 21, 2021 through Friday, June 25, 2021</b> <b>Where: College of the Siskiyou Weed Campus Gym</b> <b>800 College Ave, Weed, CA</b> <b>Sponsored by: College of the Siskiyou Men's Basketball</b> <b>Kyle Heath, Head Coach</b>	<b>Masks must be worn in the Gym</b>
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In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that the resulting expenses will be the responsibility of the participant.

I fully understand that participants are to abide by all rules and regulations governing conduct during the activity. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

\_\_\_\_\_ has my permission to participate in the above described voluntary activity(ies):  
Participant Printed Name

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

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Participant Date of Birth

\_\_\_\_\_  
Address City State Zip Best Contact Phone #

\_\_\_\_\_  
Medical Insurance Carrier Policy No. Address Phone #

**Parent/Guardian of Minor:**

Check here if there are **no** special medical needs that the staff should be aware of and no medications are required on the trip.

Check here if your son/daughter will be required to take medication while participating in this activity.

**All medications must be registered on this form; All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;**

If any medications are to be taken by the student, list name of the medication(s) and reason(s) here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your son/daughter has any special medical needs, please attach a description to this sheet.**