Hillside Middle School, Intramural Participation 2025-2026

Dear Parent/Guardian,

This form is required for your son or daughter to participate in the Simi Valley Middle School Intramural/ Extramural Athletics, **Basketball, Volleyball, Pickleball, Flag Football, and or Cross Country** for Hillside Middle School. Please sign and include medical insurance information and return to Kriss Corral.

I hereby give my consent for _____, hereafter named my child or ward, to compete in athletics. I authorize my child or ward to be supervised by a representative of the school on athletic associated trips.

In the event of illness or injury, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).

The following information must be read. It is on the Hillside Website. Paper packets can be provided on request.

- Concussion Information Sheet
- Sudden Cardiac Arrest Information Sheet
- Opioid Fact Sheet
- Physical Contact Acknowledgement Form
- Sports Informed Consent
- Heat Illness Form
- Steroid Information
- I have provided proof of medical insurance by attaching to this form.

Please initial acknowledging that you have read the following information found on the Hillside Website;

_____**parent initials**

This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Parent Signature _____

Student Signature _____

Date _____

Thank You,
Hillside Middle School

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Please provide the following information for proof of medical insurance:

_____
Health Insurance Company

_____
Policy Number

_____
Group Number

Please List additional emergency contacts, should the parent/guardian be unavailable:

_____ _____
Emergency Contact Telephone

_____ _____
Emergency Contact Telephone

Questions please email Kriss Corral, Activities Coordinator:
krissann.corral@simivalleyusd.org