

SPORTS RISK VIDEO FORM  
Glendale Union High School District #205  
Safety Video Form and Permission for Participation

Please Initial Below:

\_\_\_\_\_ We certify that we have viewed the GUHSD Sports Safety video in its entirety and understand the contents thereof.

\_\_\_\_\_ We certify that we will abide by all of the recommendations of the GUHSD Sports Safety video.

\_\_\_\_\_ Student Name (Print)

\_\_\_\_\_ Student ID Number

\_\_\_\_\_ Grade

Sports (Check one sport per season only):

- FALL**
- Badminton
  - B Cross Country
  - G Cross Country
  - Football
  - B Golf
  - G Golf
  - Spiritline Football
  - B Swim/Dive
  - G Swim/Dive
  - Volleyball

- WINTER**
- B Basketball
  - G Basketball
  - Spiritline Basketball
  - B Soccer
  - G Soccer
  - Wrestling

- SPRING**
- Baseball
  - Softball
  - B Tennis
  - G Tennis
  - B Track
  - G Track

Have you attended any other **high school**?                      Yes                      No

If Yes, Did you participate in sports?                      Yes                      No

If you participated in sports at another **high school\***, in which sport (s) did you participate?

\_\_\_\_\_   
\*If you completed the AIA Brainbook Concussion Certification process at another school, please contact the athletic department to send us your records including your completion date and score.

My student has permission to participate in all sports checked above.

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

\_\_\_\_\_ Today's Date

Office Use Only:	Health Insurance Card Included:	Yes	No
Concussion Cert. Date: _____	Birth Certificate on File:	Yes	No