

Rider Name: \_\_\_\_\_

**PARENT'S CONSENT FOR MEDICAL TREATMENT**

In case of emergency due to an injury or accident when I cannot be contacted, I hereby authorize school personnel to arrange for any medical assistance and paramedic transportation.

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_ HOSPITAL \_\_\_\_\_

I have read and understand that the West Contra Costa Unified School District ***“does not”*** pay for accident injuries to students, however, does offer student accident insurance for voluntary purchase. **Athletes must be covered by an insurance policy for medical and hospital expenses Ed. C 3221. I understand that all emergency and/or medical costs are my responsibility and if insurance coverage changes or is cancelled for my child, I will notify the Athletic Director/Coach at the school immediately.**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN                      DATE                      WORK PHONE

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**MEDICAL – HOSPITAL COVERAGE**

\_\_\_\_\_  
NAME OF INSURANCE COMPANY OR PLAN      POLICY NUMBER      SIGNATURE OR PARENT OR GUARDIAN      DATE

**In case the family insurance does not meet the minimum requirements of \$1,500 medical-Hospital coverage, Interscholastic Tackle football Endorsement Insurance is available from Myers-Stevens Insurance Company through the West Contra Costa Unified School District. Three benefit plans are available: (Low Option - \$143) (Mid Option - \$175) (High Option \$280).**

**A check or money order payable to WCCUSD or West Contra Costa Unified School District must accompany the (RED & WHITE) Tackle Football Student Insurance Application available from the football coach. The completed application and check must be sent to: Risk Manager at the Administration Building. Athletes may qualify to enroll in no-cost or low-cost local, state or federally sponsored health insurance programs, however, Parents/Students must follow and obtain information about these programs by calling: (800) 880-5305**

**ECHS Mountain Bike Racing Team**  
**Parent Approval for Alternative Practice End Site**

The El Cerrito High School Mountain Bike Team starts and ends midweek practices at the El Cerrito Community Center on Moeser Avenue. Local Sunday practices start and end at El Cerrito High School. Riders are considered at practice from the time they leave these locations until they return to them. During practices, riders are under the supervision of NICA licensed coaches and covered by NICA insurance.



The team understands that riders may need to return home early or have a shorter return route to their house (i.e., they may ride past it) on the return to the practice ending spot. To accommodate these situations, with parent approval the team will allow an alternative practice end location at Summit Reservoir, at the corner of Spruce St and Grizzly Peak Blvd.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
("The Rider"), provide my approval for The Rider to be released from practice at the Summit Reservoir located at the corner of Spruce Street and Grizzly Peak Blvd and acknowledge that this will conclude The Rider's practice and the ECCHS MTB Team will no longer be held responsible for The Rider, and NICA insurance will no longer cover The Rider. The Rider may or may not ride with the team after being released, but the team will not hold responsibility for The Rider, regardless of riding with the team or not, after being released from practice.

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Parent/Guardian Signature

Date

## Release For Parent/Guardians

(This section is for all adults in your family)

I, \_\_\_\_\_ (and) \_\_\_\_\_, hereby grant permission to ECHS Mountain Bike Team representatives, to take and use: photographs and/or digital images of me/us for use in news releases and/or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my first name and last initial may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Mountain Bike Team representatives.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of adult subject over age 18)

## Release For Minor Children (Under the age of 18)

(This section is for your rider)

I, \_\_\_\_\_, parent or legal guardian of  
(rider's name) \_\_\_\_\_, hereby grant permission to ECHS Mountain Bike Team representatives, to take and use: photographs and/or digital images of my child(ren) for use in news releases and/or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my child's first name and last initial may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of ECHS Mountain Bike Team Team representatives.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)



## Friends of Tamarancho (FOT) Application

Marin Council, Boy Scouts of America  
225 West End Avenue, San Rafael, CA 94901  
415-454-1081 Fax 415-454-5511



# High School Mountain Bike Team Student Application

This application is for students who are on their high school mountain bike team and wish to ride at Tamarancho. The cost of this pass is \$5. It is valid until they graduate from high school.

DO NOT LOSE THE PASS. Coaches will be given updated year stickers, so passes can be used in future years.

**IF A PASS IS LOST, A NEW APPLICATION WITH A \$5 FEE WILL BE REQUIRED.**

All riders are encouraged to monitor their speed and ride in control. The trails at Tamarancho are rated intermediate to advanced and are not be suitable for beginners.

Name of High School \_\_\_\_\_

Student Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Student Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

### Payment

\_\_\_\_\_ \$5

Make check payable to Marin Council, BSA.

Mail form to address above with check or pay in person with cash or check, M-F, 9-5 p.m. at the address above

### ***Student and 1 parent must sign below***

#### **Rules and Hold Harmless Agreement**

By registering with Friends of Tamarancho the undersigned hereby agrees to assume the risk for any damage to person or property he or she may sustain while on the property of the Marin Council, Boy Scouts of America known as Camp Tamarancho and agrees to indemnify, defend, and hold free and harmless the owners of said property, the Boy Scouts of America, the Marin Council of the Boy Scouts of America and their respective chartered affiliates, trusts, and all of their respective agents, volunteers, employees, trustees, officers and directors (all collectively hereinafter referred to as the Boy Scouts ) from any and all costs and expenses including but not limited to attorneys fees, reasonable investigative and discovery costs, court costs and all other sums which the Boy Scouts may pay or become obligated to pay on account of each and every demand, claim or assertion of liability arising or alleged to have arisen out of the undersigned's use of the private property known as Camp Tamarancho. By registering with the Friends of Tamarancho, I agree to abide by all rules, policies and regulations for the use of Camp Tamarancho as currently stated or as they many from time to time be revised by the Marin Council,

Boy Scouts of America. I further accept these responsibilities and make these promises on behalf of both myself and any member of my family whom I register or invite or allow to join with me in the use of Camp Tamarancho. I further agree to not only abide by all established policies and rules pertaining to the use of Camp Tamarancho myself, but I will also report to the office of the Marin Council, Boy Scouts of America, at the address indicated above any violations of such rules or policies I may observe being made by others and will similarly report to the Marin Council any conditions I may observe which may endanger persons or property at Camp Tamarancho. Whenever on the Camp Tamarancho property, I will keep on or near my person any current pass or other evidence of current registration with Friends of Tamarancho which may be issued to me by the Marin Council Boy Scouts of America and will show such identification when reasonably asked by a representative of the Boy Scouts. I further understand that this registration may be revoked at any time, with or without cause.

Student Printed Name \_\_\_\_\_

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

Parent Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*We are interested in your comments/suggestions about ways to improve the Tamarancho bicycle program. Please contact Ted Fehlhaber  
Tamarancho Bike Coordinator, fot@boyscouts-marin.org*