



**E. A. HALL MIDDLE SCHOOL
ATHLETIC DEPARTMENT**

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PAJARO VALLEY UNIFIED SCHOOL DISTRICT

ATHLETIC PARTICIPATION, PERMISSION & AUTHORIZATION FOR TREATMENT OF A MINOR

My Child/Student has my permission to participate in CIF sponsored athletics. In case I cannot be contacted after reasonable attempts, I give my permission to PVUSD Officials to authorize emergency medical or dental attention to my child/student.

EMERGENCY INFORMATION:

STUDENT NAME: _____ STUDENT ID #: _____

INSURANCE COMPANY: _____ POLICY #: _____

GUARDIAN NAME: _____ MOBILE NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____