

ATHLETIC/ACTIVITIES PARTICIPATION PERMIT

COMPLETED FORM REQUIRED EACH SCHOOL YEAR

School Year 20___/___

Circle School: **CAHPS - BIS - CRA**

STUDENT NAME _____

LAST FIRST MI

FALL SPORT _____

WINTER SPORT _____

SPRING SPORT _____

BIRTH DATE___/___/___ GRADE 9 10 11 12 M / F

EMERGENCY INFORMATION

PREFERRED CONTACT:

PARENT/GUARDIAN _____ PHONE _____

MOTHER _____ CELL/WORK PHONE _____

FATHER _____ CELL/WORK PHONE _____

HOME ADDRESS _____

HOME PHONE _____

PHYSICIAN _____ PHONE _____

If your emergency physician cannot be reached, may a physician be chosen by the District 6 person in charge? **Yes [] No []**

EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____

Permission is hereby given in the event emergency medical treatment is immediately required and either parent or guardian cannot be reached.

SIGNATURE _____ **DATE** ___/___/___

Parent/Guardian

PARENT/GUARDIAN ACTIVITIES PERMISSION

_____ has my permission to participate

in sports/activities approved by the Board of Education of District #6 and to go with the coach/advisor on any regular scheduled trips.

I understand my student may be transported on a Special Pupil Activity Bus or Motor Coach. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand they assume no financial obligation for any injury that may occur. I am advised students are held responsible for all players/participant's equipment owned by the school.

SIGNATURE _____ **DATE** ___/___/___

Parent/Guardian

INSURANCE ARRANGEMENTS

INDIVIDUALS ARE NOT ALLOWED TO PARTICIPATE UNLESS COVERED BY INSURANCE.

School District #6 makes available a low cost insurance program for students. This insurance can be waived if the participant is covered by the parent or guardian's personal insurance program.

Please mark one of the following boxes

I am purchasing the accident insurance policy made available through District #6 which pays a percent of the cost of injury as stated on the insurance policy.

I hereby waive the insurance made available through School District 6 for my son/daughter **as I will provide my current personal insurance.**

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REPORT ANY CHANGES IN INSURANCE OR PHYSICIAN TO THE CRATER ACTIVITIES OFFICE.

He/ She will be covered by the following insurance program and no medical payment is expected from the insurance available through School District 6.

SIGNATURE _____

PARENT/GUARDIAN

Insurance Company _____

Address _____

Phone _____

Group # _____ ID # _____

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