

ATHLETIC/ACTIVITIES PARTICIPATION PERMIT

COMPLETED FORM REQUIRED EACH SCHOOL YEAR

School Year 20____ Circle School - **CAHP - BIS - CANS - CRA**

STUDENT NAME

LAST

FIRST

Initial

FALL SPORT _____

WINTER SPORT _____

SPRING SPORT _____

BIRTH DATE ____/____/____ GRADE 9 10 11 12

EMERGENCY INFORMATION

PREFERRED CONTACT:

PARENT/GUARDIAN _____

PHONE _____ CELL/PAGER _____

MOTHER _____ WORK PHONE _____

FATHER _____ 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 wish my [] son [] daughter to have the privilege of participating in all school activities and competitive sports.

Sports/Activities I do not wish my child to compete in: _____

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 will purchase 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 WILL PROVIDE THE ACTIVITIES OFFICE WITH A COPY OF PROOF OF 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 # _____