

District 49 Athletic Participation Form
Please complete form in its entirety or participation may be delayed or denied

Return This Sheet to Coach

SECTION I: ATHLETE INFORMATION

Last Name: _____ First Name: _____ Grade _____

Male _____ Female _____ Age _____ Birth Date _____ Sport _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Address: _____ Zip Code: _____

Hospital Preference: _____ Physician: _____

Chronic Ailments: _____

Emergency Contact Person: _____ Emergency Contact Number: _____

SECTION III: SCHOOL DISTRICT 49 ATHLETIC/ACTIVITY INSURANCE WAIVER

This statement releases the District No. 49 schools of responsibility in case of accident to my son/daughter while he/she is participating in interscholastic activities. I fully understand that the District No. 49 schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. I further understand that it is my responsibility to provide accident insurance for my son/daughter. Please check one of the appropriate boxes:

_____ I have medical insurance coverage:
 ****Company:** _____

_____ I am purchasing student accident insurance for my son/daughter through the authorized agent approved by the Board of Education for School District 49

_____ I do not have insurance and will assume all responsibility for payment of expenses incurred in the event of injury

SECTION V: PARTICIPATION WARNING:

Although participation in supervised interscholastic athletics may not be considered hazardous, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC.** Although serious injuries are not common in supervised school programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.** By signing this form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give my consent for _____ to compete in District 49 middle school athletics.

Basketball, Cross Country, Football, Softball, Track and Field, Volleyball, Wrestling,

In consideration of my son's/daughter's opportunity to participate in interscholastic activities, I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of School District No. 49, any of its agents or employees, arising out of such medical treatment.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

STUDENT SIGNATURE: _____ **Date:** _____

Your signature indicates you have read the District 49 Middle School Athletic Handbook and understand the policies.