

AMBOY CUSD #272 AGREEMENT TO PARTICIPATE

STUDENT NAME (Printed) _____

1. I wish to participate in the interscholastic sport of _____.
2. Before I will be allowed to participate, I must provide the School District with a Pre-Participation Physical Examination Form, accident insurance coverage (see below), and complete any forms required by the Illinois High School Association (IHSA).

_____ I have extended coverage insurance through the District Insurance carrier for protection to play FOOTBALL.

_____ I have the 24 hour coverage insurance provided by the District insurance carrier.

_____ I do not have coverage with the District insurance carrier, but am satisfied that the insurance policy I have is sufficient for my protection.

INSURANCE COMPANY _____

INSURANCE POLICY NUMBER _____

3. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
4. I understand that Board policy, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches.
5. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student Signature

Date

1. I am the parent/guardian of the named student and give my permission for my child or ward to participate in the interscholastic sport indicated. I have read the *Agreement To Participate* and understand its terms.
2. I acknowledge having received the *Concussion Information Sheet*.
3. I understand that all sports can involve many **risks of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the indicated sport.

Parent/Guardian Signature

Date

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship To Student _____

Phone Number #1 _____ Phone Number #2 _____

Name: _____ Relationship To Student _____

Phone Number #1 _____ Phone Number #2 _____