

AGREEMENT TO PARTICIPATE

Student: _____

Circle Sport(s) or Activity: FOOTBALL - BASKETBALL - BASEBALL - SOFTBALL - VOLLEYBALL - CHEERLEADING - ACADEMIC TEAM - GOLF – TRACK - DANCE

TO BE COMPLETED BY THE STUDENT:

The Board of Education of East Dubuque Community Unit School District No. 119 welcomes you to participate in the broad range of extra-curricular activities provided by the School District, including clubs, academic and athletic teams, plays, school-sponsored organizations and school-sponsored non-curricular activities. In order to participate in extra-curricular activities, you agree to be obligated to the following conditions:

1. I hereby acknowledge that I have read the East Dubuque High School Extra-Curricular Handbook and understand the rules and regulations within. I further agree to abide by all rules and regulations established by my individual coach and the athletic director.
2. I acknowledge that participation in school-sponsored activities is a privilege which may be revoked by school authorities for any violation of these rules.
3. As per Board policy, the superintendent and/or building principal will maintain a reciprocal reporting system between the school district and law enforcement agencies regarding criminal offenses committed by students.
4. I agree to dress appropriately for school-sponsored activities and to abide by the rules of sponsoring or umbrella organizations for any activity.
5. I agree to assume full responsibility for all equipment issued to me and to confine the use of that equipment to practice, games and meets. I will further agree to pay for any and all equipment which I may lose, misplace or damage through carelessness or intent.
6. I understand that my parent(s)/guardian(s) and I may revoke this agreement to participate in extra-curricular activities at any time by providing a dated, written letter of intent to the superintendent of the school district. However, I hereby acknowledge that such a revocation shall not be effective with respect to any pending conduct violation or criminal proceedings and that such a revocation will cause me to be withdrawn from all school district extra-curricular activities.
7. Presentation of this signed form by parent/guardian and student shall entitle the district to rely on the fact of the parent/guardian and student's consent and that the signatures below are the signatures of the persons represented to have signed.
8. I acknowledge that I am aware that participation in the above sport(s) or activity may involve **MANY RISKS OF INJURY**. A serious injury may result in physical impairment or even death. I hereby assume all the risks associated with participation and agree to hold the East Dubuque Unit District #119, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activity or 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.

Date

Student's Signature

TO BE COMPLETED BY THE PARENT/GUARDIAN:

I, _____, am the parent/guardian of the above named student. I have read the above Agreement to Participate and understand its terms. I understand that all sports can involve many **RISKS OF INJURY**. In consideration of the School District permitting my child/ward to participate in the above sport(s) or activity, I agree to hold the East Dubuque Unit District #119, its employees, agents, coaches, School Board members and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in the above sport(s) or activity. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above mentioned sport(s) or activity.

Date

Parent/Guardian's Signature

Student's Name _____

Today's Date _____

Parent(s)/Guardian(s) _____

Student's D.O.B. _____

Street Address _____

Student's Grade _____

INSURANCE SIGN-OFF FORM

Any student participating in extracurricular athletics must be covered under a health and accident insurance policy. Please check the appropriate box below and provide the necessary information where applicable.

The student is not currently covered under a health and accident policy. The student and/or parent(s)/guardian(s) may purchase a policy through a company contracted with the school. (Call the high school for additional information.)

The student is currently covered under a health and accident policy.

Name of Insurance Company

Parent/Guardian's Signature

Name of Insurance Company Agent

Date

MEDICAL AUTHORIZATION FORM

TO WHOM IT MAY CONCERN: In the event reasonable attempts to contact me at the locations listed below have been unsuccessful, I, as parent or legal guardian of the above student, do hereby authorize (1) the treatment by a qualified and licensed medical doctor of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed; and (2) the transfer of my child/ward to any hospital reasonably accessible.

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

	Father/Guardian's Name:	Mother/Guardian's Name:	Emergency Contact (specify):
Home Phone			
Work Phone			
Cell Phone			

Parent/Guardian's Signature

Date

Please list any specific medical allergies, medicines, or other conditions:

