

Students

Exhibit - PERMISSION TO PARTICIPATE IN EXTRACURRICULAR ATHLETICS/INTRAMURALS

Student's Name: _____ **School:** _____

Grade: _____ **School Year:** _____

PERMISSION

I acknowledge that my child is in good physical condition and thereby grant permission for my child to participate in those activities indicated below with my initials (Activities are listed by the time of year offered, as well as what grades are eligible to participate).

<u>FALL</u>	<u>WINTER</u>	<u>LATE WINTER</u>	<u>SPRING</u>
<input type="checkbox"/> Cross Country (6,7,8)	<input type="checkbox"/> Boys Basketball (7, 8)	<input type="checkbox"/> Cheerleading (7, 8)	<input type="checkbox"/> Track & Field (7,8)
<input type="checkbox"/> Girls Basketball (7,8)	<input type="checkbox"/> Girls Volleyball (7,8)		<input type="checkbox"/> Boys Volleyball (7,8)
<input type="checkbox"/> Poms (7,8)			
<input type="checkbox"/> Golf (6,7,8)			
 <u>YEAR ROUND</u>			
<input type="checkbox"/> Intramurals (6)			

INSURANCE

I understand that Arlington Heights District 25 does not provide insurance coverage for student injuries or accidents. Board policy 7:300 requires that a student must show proof of accident insurance coverage either by a District-approved 24-hour student accident insurance policy purchased by the parent or under a family insurance plan.

My child is covered by (please initial only one): _____ 24-hour student accident insurance policy
_____ family insurance policy

LIABILITY WAIVER AND RELEASE

In consideration of participation in activities of the Arlington Heights District 25 schools, I do hereby release, indemnify, discharge and save whole and harmless Arlington Heights District 25, the Board of Education, Supervisors, Coaches, and other players, and their successors, from any and all liability for damages or claim for damages, causes for action, claims, demands, costs, expenses and compensation of any nature whatsoever, and any and all known and unknown personal injuries, sickness, illness or disorder, which I may now or hereafter have (as parent and/or guardian of my minor child, and also all claims or rights of action for damages which the said minor child has or may hereafter have) arising out of or connected with participation in any activities whatsoever of the Arlington Heights District 25 schools.

I acknowledge that I have been made aware of Board Policy 7:305 covering ***Student Athlete Concussions and Head Injuries***, and have returned a copy of the Concussion Information and Signoff form along with this permission form. I further state that I have carefully read the foregoing including the Liability Waiver and Release and know the contents hereof, and I sign the same as of my own free act and deed.

Parent Signature: _____ **Date:** _____