

LEMONT HIGH SCHOOL ACTIVITY AND ATHLETIC PARTICIPATION CONSENT FORM

Complete this form with **ALL** signatures and do one of the following:

- Return via e-mail: dfinnegan@lhs210.net
- Return via fax: (630) 243-0640
- Return in person: Athletics/Activities Office or Main Office

STUDENT INFORMATION - PLEASE PRINT

PLEASE NOTE THAT ALL INFORMATION IS REQUIRED!

Student's Name: _____

Address (w/ city, state, zip): _____

Primary Phone (w/ area code): _____

Student's Insurance Carrier: _____ Group Number: _____

ACTIVITY AND ATHLETIC PARTICIPATION CONSENT

(To be signed by the student's parent/guardian)

I give consent for my son/daughter to participate in any Lemont High School District 210 extra-curricular activity for the current school year, and assume responsibility for accident insurance in case my student is injured or involved in an accident while participating in such activities. I understand that Lemont High School offers me the opportunity to purchase school insurance through a third party.

Additionally, I am aware there are risks to my son/daughter of exposure to any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for COVID-19, and/or any mutation or variation thereof.

I recognize that any extra-curricular activity involves an inherent potential for injury or risk of exposure to communicable disease for my son/daughter. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict organization of rules, an injury or exposure to communicable disease still is a possibility for my son/daughter. I recognize that on rare occasions, such injuries or exposure may be severe and disabling. I also understand that my son/daughter must adhere to recommended social distancing guidelines and specific guidelines from various agencies (including, but not limited to: Centers for Disease Control and Prevention, Illinois Department of Public Health and Illinois High School Association), and that guidelines from these agencies are subject to change.

By granting permission for my student to participate in any extra-curricular activity at Lemont High School, I understand that he/she is responsible for adhering to the Activity and Athletic Code of Conduct as outlined in the student handbook; recognize that the school may use my student's name and/or photo to promote his/her involvement in such activities; and agree to pay any fees - including Extra-Curricular Activity Participation Fees - by the deadlines established by the school.

Parent's/Guardian's Signature

Date

AGREEMENT TO ADHERE TO ACTIVITY AND ATHLETIC CODE

(To be signed by the student)

I, _____, agree to adhere to Lemont High School District 210's Activity and Athletic Code of Conduct, and as a representative of Lemont High School, agree to uphold the rules set forth by the District 210 Board of Education.

Student's Signature

Date