

## Students

### Exhibit - Agreement to Participate

*On District letterhead*

**Each student and his or her parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic athletics or intramural athletics. The completed *Agreement* should be returned to the Coach.**

Student Name (*printed*) \_\_\_\_\_

1. I wish to participate in the interscholastic athletics or intramural athletics that are circled: baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, wrestling, other (identify sports) \_\_\_\_\_. (Another *Agreement* must be signed if the student later decides to participate in a sport not circled above).
2. I acknowledge reading the eligibility rules of any group or association sponsoring any athletic activity in which I want to participate, and I agree to abide by them.
3. Before I am allowed to participate, I must: (a) provide the School District with a certificate of physical fitness (the *Pre-Participation Physical Examination Form* from the Illinois High School Association (IHSA), Illinois Elementary School Association (IESA), or Southern Illinois Junior High School Athletic Association (SIJHSAA) serves this purpose), (b) show proof of accident insurance coverage, and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, *IHSA Sports Medicine Acknowledgment & Consent Form, Acknowledgement and Consent*.
4. 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.
5. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches, physician assistant, treating advanced practice registered nurse, or a certified athletic trainer working under the supervision of a physician.
6. 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(s) or athletics in which I will be participating and in all travel involved.

\_\_\_\_\_  
**Student Signature, if under age 18**

\_\_\_\_\_  
**Date**

**To be read and signed by the parent/guardian of the student and the student, if 18 years or older:**

1. [*circle which applies*] I give permission for my child/I agree to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. 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/me to participate, I agree to hold the Board, its members, employees, agents, coaches, 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/my child's participation in the sport(s) or athletics. I assume all responsibility and certify that my child is/I am in good physical health and is capable of participation in the above indicated sport or athletics.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature, if 18 years or older**

\_\_\_\_\_  
**Date**

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

