

# ATHLETIC PERMISSION/RECORD FOR 2017-2018 SCHOOL YEAR

McLean County Unit District No. 5

Check correct grade for Fall 2017: \_\_\_ 6 \_\_\_ 7 \_\_\_ 8

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship/Phone # \_\_\_\_\_

Doctor/Phone # \_\_\_\_\_

Hospital Choice \_\_\_\_\_

Any current/reoccurring medical conditions? Explain:  
\_\_\_\_\_

Any Medication taken? \_\_\_\_\_

Surgeries, Injuries, Physical Activity restrictions (Brief description and dates: \_\_\_\_\_  
\_\_\_\_\_

Check all that apply:

- Heart condition     Diabetes     Epilepsy  
 Asthma:     Requires child to self-administer medication  
 Allergies: \_\_\_\_\_  
                   Requires student to carry EpiPen®;

**If child requires to self-administer an inhaler or carry an EpiPen, parent must completely fill out Unit 5 Medication Authorization Form. (Attached)**

Board policy 7.300 requires each student provide proof of accident insurance coverage.

Name of Insurance: \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Does this student reside full time with parent, custodial parent or court appointed legal guardian?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is this student new to this school or Unit 5 this year?

Yes \_\_\_\_\_ No \_\_\_\_\_

*This box is for Office Use only*

Physical Date \_\_\_\_\_

(Physicals are good for 395 days from issue date)

Concussion Form and Student Acknowledgment/Signature Form both completed and signed \_\_\_\_\_

## Transportation for School Activities

Students must utilize school transportation to and from all school activities for which transportation is provided. For these events, parents of the student may transport their student only if specific arrangements are made in advance with the activity sponsor. Transportation may not be provided in some instances. These instances would include, but not be limited to, practices, athletic contests, music events or club activities held within the Bloomington-Normal area when it is deemed more practical for the students to meet the coach or sponsor at the site. In these cases it will be the responsibility of the parent to arrange safe transportation.

## Participation Fees

Students that are identified as being part of an Athletic Team will have a Co-curricular fee for each activity. The McLean County Unit 5 Board of Education has set the following fee for each activity a student participates in: \$85.00. Students qualifying for reduced textbooks pay a fee of \$42.50 for each activity.

As the parent/legal guardian of the above named student, I give permission for him/her to practice and compete in any of the IESA interscholastic sports or activities offered. By signing below, I grant my permission for my child to receive medical treatment at my expense from a physician, nurse, or other professional personnel including transfer to any hospital reasonably accessible, which may be needed, in my absence due to injuries sustained while participating in athletics for a Unit 5 school. Furthermore, **my son/daughter and I have read and understand the Athletic Code** as set forth by McLean Co. Unit District No. 5, and agree to abide by it.

1. I am the parent/guardian of the above named student and give my permission for my child or ward 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 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(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Student Signature/Date

**\*\*Please turn over for Concussion Information and Signature sheet\*\***