



2024-2025 CLUB AND ACTIVITY PARTICIPATION FORM

If your child is participating in a school sponsored club or activity, you must fill out both pages of this form and submit it to the school office or club leader.

Student's Name _____

Address _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Fee Payment (if applicable)

After the club roster has been finalized, your child's participation fee will be assigned and available for secure payment by credit card online through the Fee Management section of your Family Access account. **Online payment is quick, easy and secure - we encourage you to pay online!** You also can pay by check (payable to Deerfield Public Schools).

Please note: Some clubs (such as philanthropic clubs) do not have a participation fee.

If your family has qualified for a fee waiver, your child's participation fee will be waived.

Club/Activity Name _____

Club/Activity Fee \$ _____

OR

There is no participation fee for this club/activity

Student Accident Insurance

The Board of Education provides student accident insurance coverage. In the event a claim needs to be filed, a school staff member will reach out to you with the appropriate claim form. Parents/guardians are strongly advised to cover their students on private health care plans as well.

Waiver and Emergency Information

I, the undersigned parent/guardian of the student named above, for and in consideration of his/her being permitted in the activities of the Deerfield Public Schools District No.109 during the current school year, do hereby agree to release, absolve, indemnify and hold harmless said School District, its organizers, sponsors, officers, administrators, supervisors and all persons providing transportation to and from its activities (excluding any contracted bus services), of and from any and all claims, actions or causes of action of any nature arising out of or in the course of such participation, including, but not limited to, practice sessions, games, contests and transportation to or from any such activities.

I authorize the utilization of paramedics and treatment by a licensed medical doctor for the minor named above in the event of a medical emergency while participating in such activities.

Name of Student _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Home Phone _____

Cell Phone _____

Work Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Medical Conditions We Should Be Aware of (Allergies, etc.)
