



## 2024-2025 ATHLETIC PARTICIPATION FORM

If your child has been chosen to participate in one of the athletic activities below, please fill out this form and sign the waiver on the next page, and then submit them by the first day of practice.

Student's Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The listed fee for each program covers a portion of the cost of the program and is based on the length and number of practices, the duration of the schedule, the number of away games and program costs. In order for your child to participate in this athletic activity, you must complete this form, sign the waiver, and pay the appropriate fee.

### Fee Payment

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

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

<input type="checkbox"/> Basketball/Boys: \$135	<input type="checkbox"/> Basketball/Girls: \$135	<input type="checkbox"/> Cheerleading: \$85
<input type="checkbox"/> Cross Country: \$85	<input type="checkbox"/> Pompons: \$85	<input type="checkbox"/> Soccer: \$85
<input type="checkbox"/> Softball/Girls: \$85	<input type="checkbox"/> Track & Field: \$135	<input type="checkbox"/> Volleyball/Boys: \$135
<input type="checkbox"/> Volleyball/Girls: \$135	<input type="checkbox"/> Wrestling: \$85	

Will pay online through Family Access

Paid by check # \_\_\_\_\_

**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 athletic 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 Athlete \_\_\_\_\_ Date \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions We Should Be Aware Of (Allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_