



ANTIOCH UPPER GRADE SCHOOL

WIN THE DAY!

PARENT CONSENT FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS/EXTRA-CURRICULAR ACTIVITIES

Student's Name (Please Print)

Current Grade

Each athlete must have this completed form on file before participating in tryouts. For additional information please refer to the Parent-Student Handbook.

1. I, as parent or guardian, understand that our student athlete is responsible for equipment/uniforms issued to your child and will pay the replacement cost of lost or equipment damaged beyond normal wear and tear.
2. I understand that there is a non-refundable activity fee to participate in each interscholastic sport. Additionally, all fees, including registration fees, must be paid in full prior to trying out for any interscholastic sport. This includes past due fees from prior school years.
3. I understand that we must have a CURRENT physical examination on file in the school Health Office before the student athlete can try out for any interscholastic athletic sports. The physical examination is valid for one (1) calendar year from the date of examination.
4. I understand that in order to participate in athletic programs each student must maintain passing grades weekly in all courses in which he/she is currently enrolled. The activity fee will not be refunded due to student ineligibility.
5. I am aware of the opportunity to view the film "Informed Consent" which is available at the school office should I wish to view it, upon request.
6. I acknowledge and understand that there is a risk of injury involved in athletic participation. I realize there is a possibility that a child may suffer injury, including permanent paralysis or death, as a result of participation in athletic activities. I understand that the Antioch School District 34 does not carry accident insurance or medical insurance to cover students' accident injuries or illness. I understand that the district has made available a student accident insurance program in which my child may enroll and that the program is optional and limited to the coverage specified in the brochure. Applications may be obtained from the school office. Parents' insurance may also provide coverage. I certify that my student-athlete is covered, and will remain in full force and effect during the student-athlete's participation, by medical and accident insurance.
 I have in place health insurance to cover my child's accident and injuries resulting from participation in the school athletic program
 I have purchased student accident insurance.
7. I further understand that the school district disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances, or paramedics, etc., arising out of or by virtue of an injury to my (our) child while participating in such interscholastic competition or preparation thereof.
8. I understand that Board policy 7:305, Student Athlete Concussions and Head Injuries, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
9. I understand that public school interscholastic athletic/extracurricular events should be conducted in such a manner that good sportsmanship prevails at all times. Unsportsmanlike acts will not be tolerated.
10. I understand that late practices may occur at times other than immediately after school. The parents must make arrangements for supervision between school and practice. The school will provide supervision of your student on Wednesday early dismissal days.

Medical Consent

In case my child needs emergency health care due to sudden, serious illness or injury at school and I cannot be contacted, I hereby give Antioch CCSD 34 personnel my permission to arrange for and provide such care as is deemed necessary. I hereby release and forever discharge Antioch School District 34 and its trustees, employees, agents, heirs, successors and assigns, either jointly or severally, from all claims, damages, obligations, actions, causes of action, or suits which may accrue to me or my child, resulting from bodily injury or damage arising out of any such care provided.

Travel Consent

I hereby acknowledge my understanding that off-campus travel, including in some cases, overnight stays, is an important part of the educational program, and that such travel may be one or more of school owned vehicles, contract school bus, car, or private vehicle driven by an employee of the school or a parent. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. I hereby authorize my child to participate in such trips during the current school year, and release and forever discharge Antioch CCSD 34 and its trustees, employees, agents, heirs, successors, and assigns, either jointly or severally, from any and all claims, damages, obligations, actions, causes of action, or suits which may accrue to me or my child, resulting from bodily injury or damage to or loss of property arising out of participation in such travel.

Photographic Permission

I give my permission to Antioch CCSD 34 to release the name of my child to local newspapers or other media for a caption below his or her photograph when taken in conjunction with school activities.

Athletic Participation Verification by Student

My participation in interscholastic and intramural athletics for Antioch Upper Grade School is entirely voluntary on my part.

PLEASE SIGN AND RETURN

We do hereby give our consent for our student athlete to participate in interscholastic athletics and represent Antioch Upper Grade School for the current school year. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs.

I acknowledge having received and understand the attached Concussion Information Sheet.

Date _____

Athlete Name

Athlete Signature

Parent/Guardian Name

Parent/Guardian Signature