



**KILDEER COUNTRYSIDE
SCHOOL DISTRICT 96**

**PARENT CONSENT FORM *for*
STUDENT ACTIVITY/
ATHLETIC PARTICIPATION
2025 – 2026**

STUDENT NAME:

Last

First

DATE OF BIRTH:

_____/_____/_____
Month Day Year

CM IH K P TG W
School (circle one)

Grade

PARENT PERMISSION AND RELEASE:

Extracurricular athletic sport or activity: _____

_____ has my permission to participate and/or compete in the above listed extracurricular sport or activity during the current school year.

I realize that there may be an inherent risk of injury. The nature of the injury could be severe, including the risk of fractures, brain injuries, paralysis, and other catastrophic injuries, including death.

I understand that I will provide transportation home from school after practice sessions and events unless otherwise arranged.

Parent/Guardian signature

Date

Contact number

Secondary contact number

***Please return this form to the building coach or sponsor.

***Note: any extracurricular contact activity or athletic participant will need to complete a concussion signature form.

***Note: there may be an additional building activity/athletic form required your student's building coach/sponsor.