JOLIET TOWNSHIP SCHOOL DISTRICT 204

EXTRA-CURRICULAR PARTICIPATION CODE
STUDENT AND PARENT/GUARDIAN AGREEMENT AND RELEASE

Activity: _____ Date: _____

By affixing my signature, I affirm that I have read and understand the Extra-curricular Participation Code, the rules of the Coach/Sponsor for the extra-curricular activity identified, the student and parent/guardian agreement and release, Concussion information and all the rules governing participation in the activity.

A. As a student, I understand that participation in this activity is a privilege and I acknowledge that I will represent the school and my peers and that my behavior shall meet or exceed all expectations. I recognize that there may be risks of physical injury involved in my participation and I accept those risks. I release and discharge the School District, the Board of Education, its officers, members, employees, and agents from any and all claims that may accrue to me as a result of my participation.

B. As a parent/guardian, I understand that my child's or ward's participation in this activity is a privilege and I acknowledge that he/she will represent the school and his/her peers, and that his/her behavior shall meet or exceed all expectations. I recognize that there may be risks of physical injury involved in my child's or ward's participation and I accept these risks. I release and discharge the School District, the Board of Education, its officers, members, employees, and agents from any and all claims that may accrue to me or my child or ward as a result of his/her participation.

C. Concussion Information: IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. You should also inform your child's coach if you think that your child may have a concussion.

_____ **ID#** _____ _____

Printed name of student-athlete **Signature of student-athlete**

_____ _____

Printed name of parent-guardian **Signature of parent-guardian**