ATHLETIC PARTICIPATION FORM

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

School Year _____

Student's Name _____

Address _____

_____

Parent Name _____

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 and the number of away games. In order for your child to participate in this athletic activity, you must complete these forms and pay the appropriate fee.

Fee Payment

Within the next two weeks, your child's **participation fee will be assigned and available for secure payment by credit card online through Family Access.** Please visit the District home page (www.dps109.org/fees) and click the instructions for making an online payment. Online payment is quick, easy and secure - we encourage you to pay online! You can also pay by check, payable to Deerfield Public Schools**.** Students with outstanding fees, including, but not limited to, book/material/technology and transportation fees, will not be allowed to participate in any sport until their account is in good standing.

[ ] Basketball/Boys: $150	[ ] Basketball/Girls: $150	[ ] Cheerleading: $100
[ ] Cross Country: $100	[ ] Poms Squad: $100	[ ] Soccer: $100
[ ] Softball/Girls: $100	[ ] Track & Field: $150	[ ] Volleyball/Boys: $150
[ ] Volleyball/Girls: $150	[ ] Wrestling: $100	

[ ] 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.)
_____

_____

Name of Health Insurance Provider
_____

Policy # _____ Coverage Effective Date _____