



Community Consolidated School District 181

Administration Building
115 West 55th Street
Clarendon Hills, IL 60514

630-861-4900 • FAX 630-887-1079

2016-2017 Agreement to Participate Form

Student Name:	
School:	
Grade:	

Each student and his or her parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic athletics or intramural athletics. The completed *Agreement* must be returned to the coach.

- I wish to participate in the interscholastic athletics or intramural athletics that are circled:

Basketball	Cross Country	Cheerleading	Intramurals	Track & Field
Lacrosse Club	Soccer Club	Volleyball	Yoga Club	Girls on Track
Running Club	Other (not listed): _____	Other (not listed): _____	Other (not listed): _____	Other (not listed): _____

- I acknowledge reading the eligibility rules of any group or association sponsoring any athletic activity in which I want to participate and I agree with them.
- Before I am allowed to participate, I must (a) provide the School District with a certificate of physical fitness (the Pre-Participation Physical Examination form from the IHSA or IESA or State of Illinois Physical Form serves this purpose), (b) show proof of accident insurance coverage, and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, IHSA Sports Medicine Acknowledgement & Consent Form, Ac-

knowledge and Consent. IHSA refers to the Illinois High School Association and IESA refers to the Illinois Elementary School Association.

4. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.

5. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries* requires, among other things, that a student athlete who exhibits signs, symptoms or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches or a certified athletic trainer under the supervision of a physician.

6. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student Name Printed

Student Signature

Date

To be read and signed by the parent/guardian of the student:

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above Agreement to Participate and understand its terms.
2. I understand that all sports can involve many risks of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, School Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.

Parent Name Printed

Parent Signature

Date

Emergency Contact Information:

Priority	Name	Cell Phone	Other Phone/ Contact	Relationship
1				
2				
3				
4				
5				

Document modified from form 7:300 E-1, Agreement to Participate, Issue 90; October 2015, Illinois Association of School Boards; PRESS.