

COMPLETE THIS FORM IF YOU ARE PLAYING SPORTS

RED BUD COMMUNITY UNIT SCHOOL DISTRICT #132 ATHLETICS/EXTRA-CURRICULAR CONSENT FORM

ATHLETES ONLY

My child, _____, Grade ____ has my permission to participate in athletics/extra-curricular activities for this school year.

I am aware that participating in any sport can be a dangerous activity involving many risks of injury. School District #132 requires that a student participating in athletics/extra-curricular activities carries either school insurance or a family policy that covers participation in school athletics/extra-curricular activities.

My child is covered by:

School Insurance Policy

Family Insurance Policy

Name of Provider _____

Policy # _____

I understand that the board of education does not assume responsibility for injuries sustained in practices or competition. My signature below indicates my consent for my child to participate in athletics/extra-curricular activities. In the event of injury or accident, my child may receive immediate medical attention at the nearest hospital if that care is deemed necessary. My signature below also acknowledges that we understand and will abide by the athletic/extra-curricular code of conduct as outlined in the student handbook.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____