

# SY 2017-2018 Dakota Jr/Sr High School Athletic/Activity Information

[Handbook Acknowledgement] [Permission Form] [Insurance Waiver] [Emergency Medical Treatment/Transport]

PRINT Student Last Name First Middle Grade

Residential Address City/State/Zip Primary Phone

I certify that this address is our **primary residence**. If there is a change of address, documentation needs to be given to the school district when a move takes place.

Parent/Guardian Initials \_\_\_\_\_ With whom does the student PRIMARY reside with? \_\_\_\_\_

**Athletic/Activity Handbook Sign Off:** I am familiar with and understand that a copy of the 2017-2018 Dakota Student Athletic/Activity Handbook which summarizes rules and regulations regarding school policies, athletic eligibility and the high school athletics training process has been made available on the school website or a hard copy has been made available upon request.

Parent/ Guardian Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

**Athletic Permission to Participate:** I hereby give (Student's Name) \_\_\_\_\_ my consent to participate in the athletic/activity listed here: \_\_\_\_\_.

Furthermore, it is my understanding that an annual physician's report must be on file at the high school.

I grant Monroe Clinic athletic training staff permission to assess and/or treat injuries.

Parent/ Guardian Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

**Athletic/Activity Participation Insurance Waiver:** Dakota School District #201 Board Policy requires all athletics to carry either school insurance or requires parents to certify that their son/daughter is covered by their family insurance. This is to certify that said athlete: \_\_\_\_\_ has my permission to participate in all types of athletics/activities and desire to have waived the administrative regulations requiring school insurance before participation is permitted. This also is to certify that I \_\_\_\_\_, parent/guardian, of the above named person will assume the financial responsibility that may be covered by said present school insurance, as approved by the Board of Education, Community Unit District #201, Dakota, Illinois.

Signed \_\_\_\_\_

Parent/Guardian

Insurance Company \_\_\_\_\_ Insured Parent \_\_\_\_\_ Policy Number \_\_\_\_\_

If I cannot be reached and if in the judgement of school authorities immediate medical attention is indicated, I authorize responsible school personnel permission for emergency treatment or to send my child to an available doctor or hospital.

Parent Initials \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Parent Signature

Student Signature

Date