## **Dakota Jr/Sr High School SY2018-2019 Athletic Information**

## Athletic Handbook Acknowledgement - Athletic/Activity Permission Form - Insurance Waiver

LAST NAME (student)	First	Middle	Grade Entering
Residential Address  I certify that this address is our <b>prime</b>	City/State/Zip	e of address, documentat	Home Phone ion needs to be given to the school district
when a move takes place. Parent/	Guardian Initials whom does the student reside w		
Athletic Handbook Sign Off: I ar	n familiar with and understar	nd that a copy of the <b>20</b>	18-2019 Dakota Student Athletic
<b>Handbook</b> which summarizes rule training process has been made a		•	eligibility and the high school athletics een made available upon request.
Parent/ Guardian Initials	Student Initials		
Athletic Permission to Participa	te: I hereby give (Studen	t's Name)	my consent to
participate in the sports listed he Furthermore, it is my understand Clinic athletic training staff permi	ding that an annual physicia	n's report must be on	file at the high school. I grant Monroe
Parent/ Guardian Initials	Student Initials		
Athletic Participation Insurance	Waiver: Dakota School Distr	ict #201 Board Policy re	equires all athletes to carry either
school insurance or requires pare	nts to certify that their son/d	laughter is covered by t	heir family insurance.
		has my permission to participate in all types of regulations requiring school insurance before participation is	
	sibility that may be covered bect #201, Dakota, Illinois.	by said present school i	insurance, as approved by the Board of
	Sig	ned:Parent/Guardian	
		,	
Insurance Company	Insured Parent	P	olicy Number (must be filled in
	•		edical attention is indicated, I authorized to an available doctor or hospital.
Hospital Preference:		Parent Initials:	
Parent Signature	Student Signature		 Date