

Dakota Athletic Participation Registration

Be prepared by having all your athlete's paperwork into the office.

These forms must be **FULLY completed and signed**

and turned into the Athletic Director Office BEFORE the first day of practice.

1. A current IHSA Sports Physical Form
(exception 6th and 9th graders, can use your School Physical)
2. Dakota Jr/Sr High Athletic/Activity Information
This form must have ALL information including insurance, and parent/student signatures
3. IHSA Sports Medicine Acknowledgement & Consent Form
4. Student Drug-Testing Procedures (Only 9-12th grade)
5. Sports Equipment Fees Paid to the office: (There is no Travel Fees)
High School: \$50 per Sport (\$100 cap per student per year)
Junior High: \$25 per Sport (\$50 cap per student per year)

Dakota Jr/Sr High School Athletic Information to Participate for the SY 2021-2022
Athletic Handbook Acknowledgement - Athletic/Activity Permission Form - Insurance Waiver

LAST NAME (student)	First	Middle	Grade Entering
Residential Address		City/State/Zip	Parent Primary Phone
<i>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.</i>			
With whom does the student reside with?		Parent/Guardian Initials	

Athletic Handbook I am familiar with and understand that a copy of the Dakota Student Athletic 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 my request.

Parent/Guardian Initials _____ **Student Athlete Initials** _____

Athletic Permission to Participate: I hereby give (Student's Name) _____ my consent to participate in the sports 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 Athlete Initials** _____

Athletic Participation Insurance Waiver: Dakota School District #201 Board Policy requires all athletes 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 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 (must be filled in)
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If I can not 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.

Hospital Preference: _____ **Parent Initials:** _____