

2013-14 Middle School Permission to Participate Form

Waukegan Public Schools District #60 - Athletic Record

Date _____

Students Information: Year In School (Circle) 6th 7th 8th FR SO JR SR

Name(Last) _____ (First) _____

Parent's Name _____ Phone # _____

Address _____ ZIP _____

Date of Birth _____ Emergency # _____

Present Age _____ Height: _____ Weight: _____

School Attended Last Year _____

Family Doctor: _____ Hospital: _____

Past Injuries or Medical Issues _____

To The Board of Education:

We, the undersigned, hereby request that _____, age _____, be permitted to participate in interscholastic _____ (sport) representing Waukegan Public Schools during the 20____--20____ school year.

Upon approval of this request, we agree:

1. To obtain and carry in force and effect hospitalization, medical, and accident insurance covering the above named student and to furnish to you within 10 days after approval of this request names of insurance companies, policy and/or group numbers, and amount of insurance where applicable.
2. To bear full financial responsibility, as against the aforesaid Board of Education and School District, with respect to any injury which said student may sustain in connection with such participations, whether in the course of training, travel, or play except as such injury may be caused by the negligence of an officer, agent or employee of said Board.
3. To hold community Unit School District No. 60, Lake County, Illinois and its Board of Education harmless from any claim, loss, cost, or expenses (including attorney's fees) growing out of and injury which said student may sustain in such participation.

Name of insurance coverage now in effect:

Name of Plan _____ Group No: _____ Amount Applicable \$ _____

Special Note: Both Parents as Legal Guardians Must Sign. (If parent is deceased, please indicate)

Signatures of Mother _____ Father _____

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Student _____ Date _____

Waukegan Middle School Athletics

WAIVER AND RELEASE OF ALL CLAIMS

PLEASE READ THIS CAREFULLY:

I AM AWARE THAT SIGNING UP MY CHILD TO PARTICIPATE IN THIS PROGRAM INCLUDES, WAIVING AND RELEASING ALL CLAIMS FOR INJURIES THEY MIGHT SUSTAIN FROM PARTICIPATION IN THIS PROGRAM.

AS MY CHILD WILL BE A PARTICIPANT IN THE PROGRAM, I RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY AND I AGREE TO ASSUME FULL RISKS OF ANY INJURY, INCLUDING DEATH, DAMAGE, OR LOSS, WHICH MY CHILD MAY SUSTAIN AS A RESULT OF PARTICIPATING IN ANY ACTIVITIES CONNECTED TO OR ASSOCIATED WITH WAUKEGAN CONSOLIDATED UNIT DISTRICT #60.

I FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND WAUKEGAN CONSOLIDATED UNIT SCHOOL DISTRICT #60 AND ITS EMPLOYEES, ALONG WITH VOLUNTEERS FROM ANY AND ALL CLAIMS RESULTING FROM INJURY. IN THE EVENT OF AN EMERGENCY, I AUTHORIZE SCHOOL PERSONNEL TO SECURE ANY LICENSED HOSPITAL, PHYSICIAN, AND/OR MEDICAL TREATMENT DEEMED NECESSARY FOR MY CHILD'S IMMEDIATE CARE. I AGREE THAT I WILL BE RESPONSIBLE FOR PAYMENT OF ALL AND ANY MEDICAL SERVICES RENDERED.

BY PARTICIPATING IN THIS PROGRAM, EACH ATHLETE WILL BE ISSUED A TEAM UNIFORM WHICH BELONGS TO THE SCHOOL. AT THE END OF THE SEASON, THE UNIFORM IS TO BE RETURNED. IF THE UNIFORM IS RETURNED DAMAGED OR NOT RETURNED AT ALL, THE PARTICIPANT WILL BE CHARGED \$50.00 TO REPLACE IT. FAILURE TO RETURN OR REPLACE THE UNIFORM WILL RESULT IN THE PARTICIPANTS TRANSCRIPTS BEING HELD UNTIL THE UNIFORM IS RETURNED OR REPLACED.

PARENT/GUARDIAN SIGNATURE

DATE