

Co-Curricular/Extra-Curricular Activities Policy

Name:

(Last)

(First)

(Year in School)

(M/F)

(Date of birth-Mo/Day/Yr.)

EMERGENCY INFORMATION:

I give my consent to the supervising physician, athletic trainer and coach/sponsor of the sport/activity in which my child is participating, the right in my behalf to use their own judgment in securing immediate first aid and/or ambulance transportation, as is reasonably necessary, for any injury sustained by my child in case I cannot be reached.

STATEMENT OF RISK:

My son/daughter has my permission to practice and compete in extracurricular activities, which include sports activities. We realize that such activity involves the potential for injury which is inherent in all sports/activities. We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules; injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

X

(Parent Signature)

(Date)

PLEDGE

I/We have read the Co-Curricular/Extra-Curricular Activities Policy and eligibility requirements as outlined in the Herscher High School Student Planner on page 36. I/We understand all its terms, and sign it voluntarily with full knowledge of its significance. I also understand if I have any questions, I can contact Herscher High School and/or have the opportunity to read the Herscher High School Athletic Policies & Procedures online @ www.hcusd2.org under "Sports."

X

(Parent Signature)

(Date)

X

(Student Signature)

(Date)

PROOF OF INSURANCE: ATHLETES MUST HAVE INSURANCE

All athletes at Herscher High School must have insurance in order to participate in any type of sport. Please provide the name of the insurance company and Group # covering your son/daughter.

_____ (Parent/Guardian Signature)

(Date) _____

_____ Insurance Company

Group # _____