



Agreement to Participate in Interscholastic Sports

Each student and his or her parent/guardian must read and sign this Agreement to Participate along with the Concussion Information Sheet and Consent each year before being allowed to participate in interscholastic athletics. Parents/Guardians will give consent through InfoSnap the online registration system. Students should sign below and turn it in along with the completed IHSA/IESA Pre-Participation Form.

1. If my child chooses to participate in an interscholastic sport, I am aware that there is a \$35.00 fee per sport if my child has the opportunity to participate. It is understood that transportation home from school after games and from practices will not be provided by the school and that my child and I are responsible for his/her safe transport from school.
2. I acknowledge reading the eligibility rules of any group or association sponsoring any athletic activity in which I want to participate and I agree to abide by them.
3. Before I am allowed to participate, I must provide the School District with a certificate of physical fitness (the **Pre-Participation Physical Examination Form** from the IHSA/IESA serves this purpose), and complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, **IHSA Sports Medicine Acknowledgment & Consent Form, Acknowledgement and Consent**. IHSA refers to the Illinois High School Association and IESA refers to the Illinois Elementary School Association.
4. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
5. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that any student who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from class, practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches or a certified athletic trainer under the supervision of a physician.
6. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student Signature

Date

Dr. Scott Clay, Superintendent

Empowering all students to succeed in a changing world