



Mount Prospect School District 57
Agreement to Participate

Each student and his or her parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic athletics. The completed *Agreement* should be returned to the school front office.

Student name (printed) _____

1. I wish to participate in the interscholastic athletics offered at Lincoln Middle School.
2. I acknowledge reading the eligibility requirements as listed in the Lincoln Middle School student conduct expectations document and of any group or association sponsoring any athletic activity in which I want to participate and I agree to abide by them.

Before I am allowed to participate, I must: (a) provide the school front office with the State of Illinois Certificate of Child Health Examination; (b) have accident insurance coverage; and (c) complete all forms required by any association sponsoring the interscholastic athletic activity including: Authorization for Medical Treatment, Certificate of Physical Fitness for Participation in Athletics, and Concussion Information Sheet; (d) pay activity fee of \$140.00 or have made payment arrangement.

3. I agree to abide by all conduct/safety rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule. In addition, I agree to return the sport uniform (if any) and agree to pay replacement cost if uniform is not returned.
4. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from 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 in Illinois.
5. 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 interscholastic athletics involves travel with the team. I acknowledge and accept the risks inherent in 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 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

To be read and signed by the parent/guardian of the student:

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in all interscholastic athletics. I have read the above *Agreement to Participate* and understand its terms.
2. I understand that all sports can involve many risks 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 higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, 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 the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.

Parent/Guardian Signature

Date

Emergency Contact Information

Name: _____

Relationship to student: _____

Day phone number: _____

Evening phone number: _____

Cell phone number: _____

Other: _____

Name: _____

Relationship to student: _____

Day phone number: _____

Evening phone number: _____

Cell phone number: _____

Other: _____

Name: _____

Relationship to student: _____

Day phone number: _____

Evening phone number: _____

Cell phone number: _____

Other: _____

Name: _____

Relationship to student: _____

Day phone number: _____

Evening phone number: _____

Cell phone number: _____

Other: _____