

MIDDLE SCHOOL CONSENT TO PARTICIPATE

_____ has permission to participate in the Middle School Athletic Program and I/we acknowledge that I/we have read, understand, and agree to support the Middle School Athletic Policies as outlined.

My son/daughter has no physical condition that would cause him/her to be endangered by participation in the Middle School Interscholastic Athletic Program except as noted here. Exception _____

Date

Signature of Parent or Guardian

WAIVER OF INSURANCE

We the undersigned are aware that School District U46 provides student accident insurance with the premiums payable by the parent. We are aware that the school district recommends that each student participating in interscholastic activities secure insurance coverage and that the school district limits participation of students in these activities to those who have either secured such insurance or have executed a waiver of such insurance.

We hereby state that we either already have school insurance or do not wish to secure the above mentioned school insurance. In doing so, we agree that we will hold harmless School District U46 for any expense that may accrue as a result of an injury to our child while participating in the school district's athletic program and further realize that we must secure our own hospitalization and medical coverage if we desire such protection.

No statements contrary to those contained herein relating to insurance coverage have been made to any of the undersigned.

Parent Signature _____

Student Signature _____

Date _____

Please have your athlete return the signed acknowledgment form and the Waiver of Insurance form to the coach prior to the first practice.