



PUBLIC SCHOOLS

255 WEST VERMONT STREET
VILLA PARK, ILLINOIS 60181
(630) 516-7700
FAX (630) 530-1624

**AGREEMENT TO PARTICIPATE IN INTERSCHOLASTIC
AND INTRAMURAL ATHLETICS**

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 or intramural athletics. The completed Agreement should be returned to the coach, before participating.

Student Name (printed) _____

1. I wish to participate in the interscholastic athletics or intramural athletics that are circled: basketball, cheerleading, cross country, band, soccer, softball, track, volleyball, wrestling, other (identify sports) _____ . *(Another Agreement must be signed if the student later decides to participate in a sport not circled above.)*
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: (a) provide the School District 45, DuPage County, with a certificate of physical fitness (the Pre-Participation Physical Examination Form from the IHSA or IESA serves this purpose), (b) Agreement to Participate in Interscholastic and Intramural Athletics (Form 5121.3 f1), and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation.
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 5121.3, 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 or a certified athletic trainer under the supervision of a physician.
6. I am aware that with participation in interscholastic athletics or intramural athletics 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.
7. I agree to abide by all bus conduct rules while being transported to interscholastic athletics or intramural athletics events while riding in District provide vehicles.
8. I understand that I am responsible for the care of all equipment issue for the purpose of participating in all interscholastic athletics or intramural athletics.

Student Signature _____ **Date** _____

Students**Student Athlete Concussions and Head Injuries****Form 5121.3 f1**

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the interscholastic athletics or intramural athletics indicated. 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:	