

STUDENT ACKNOWLEDGMENT/SIGNATURE RECORD

FOR 2017-2018 SCHOOL YEAR

McLean County Unit District No. 5

To be read and signed by the student:

1. 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.
2. Before I am allowed to participate, I must: (a) provide the District with a certificate of physical fitness [the **Pre-Participation Physical Examination Form** from the Illinois Elementary School Association (IESA) serves this purpose], (b) show proof of accident insurance coverage, and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, **Concussion Information, Athletic Permission Form, and Student Signature Sheet.**
****Please note physicals are good for 395 days from the date of issue. ****
3. 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.
4. I understand that *Board policy 7.305*, 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.
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 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 School 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.
6. I wish to participate in co-curricular athletics that are **circled**:

<u>Sports Offered: Please circle all that apply</u>		
<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Golf	Boys Basketball	Track (b/g)
Cross Country (b/g)	Cheerleading	
Baseball	Dance	
Softball	Volleyball	
Girls Basketball	Wrestling	
Cheerleading		
Dance		

Student Athlete Name (Printed)

Student Athlete Name (Signature)

Date