



**CRYSTAL LAKE CENTRAL HIGH SCHOOL
ATHLETIC CONSENT AND PERMISSION FORM**

STUDENT NAME: _____ SPORT: _____

ADDRESS: _____ ID#/YR: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ BIRTH DATE: _____

Insurance: School District #155 has not offered student insurance since the 1982-83 school year. The school does not carry health or accident insurance on students. If parents desire this type of coverage, they will have to obtain it through a family policy.

I have read and understood the Athletic Handbook and Code of Conduct for Crystal Lake Central High School on the school website – www.d155.org/clc. (Hard copy available upon request for those without internet access)

I agree to abide by the Code and cooperate with the school in the enforcement of this code.

I understand that violation of any of the IHSA or Crystal Lake Central High School regulations will result in immediate action as stated. I also understand that these rules may change. An updated version of these rules appears each year in the Student Handbook or may be obtained from the Athletic Department.

I am aware and understand the risks involved in athletic participation. I give my consent for the student-athlete named above to participate in athletic activities sponsored by the school.

I understand that the minimum requirements to receive an athletic award are: (a) to be academically eligible for 70% of the season; (b) not have an in-season code of conduct violation; (c) participate in 85% of the scheduled practices and/or finish the season in good standing.

By signing below, I give permission for my child to participate in the student activities program. I am aware that the school does not make student insurance available and that the school is not liable for any injuries my child may receive while participating in student activities. I further consent to any treatment deemed necessary by a licensed physician designated by the person in charge, for any illness or injury resulting from his/her participation in student activities. I understand that every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

Signature of Student-Athlete: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____