

ATHLETIC PERMISSION/RECORD CARD FOR SCHOOL YEAR_____

ANDREW

SANDBURG

STAGG

STUDENT INFORMATION (Please fill in all areas)

Student's Name: _____ Student I.D. No.: _____

Street Address: _____ City: _____

Gender: M F Year in School: 4 3 2 1 Birth Date: ___/___/___ Home Phone: (____) _____

SPORTS OFFERED TO DISTRICT 230 STUDENTS

Fall: Football, B-Golf, B-Cross Country, B-Soccer, G-Swim, G-Tennis, G-Cross Country, G-Golf, G-Volleyball, Cheerleading, Poms

Winter: B-Basketball, Wrestling, B-Swimming, B-Bowling, G-Basketball, G-Bowling, G-Gymnastics, Cheerleading, Poms

Spring: Baseball, B-Tennis, B-Gymnastics, B-Track, B-Volleyball, B-Water Polo, Softball, G-Soccer, G-Track, Badminton, G- Water Polo

INSURANCE: No student will be allowed to participate in athletics unless he/she is covered under a medical/accident plan. If your child is not covered under a family health plan, insurance can be purchased through the school.

“I am aware that an insurance plan offered by an independent insurance company partially covers many accidents in which a student may be involved through participation through in school-sponsored sport activities, including football. I am also aware that by not enrolling my child in the independent insurance plan, the financial burden for any or all injuries for my child arising out of such accident will more heavily be borne by me, the parent or legal guardian of the child, or by any private medical or hospitalization insurance which I may have covering such injuries to our child. I fully accept this responsibility.”

CIRCLE ONE: I DO OR DO NOT WISH TO PURCHASE ACCIDENT INSURANCE COVERAGE FOR MY SON/DAUGHTER, A STUDENT ENROLLED IN CONSOLIDATED HIGH SCHOOL DISTRICT 230 THIS SCHOOL YEAR.

As parent/legal guardian of the above named student, I give my permission for him/her to practice and compete in any of the above listed IHSA interscholastic sports or activities **EXCEPT** _____, _____, _____. Furthermore, my son/daughter and I agree to abide by the rules set by the IHSA, SICA, District 230, School Athletic/Activity Programs, and District 230 Activity/Athletic Code.

I have read the above rules and agree to adhere to them and in addition accept responsibility for the above statements with my signature:

Signature of Parent/Guardian Date Signature of Student Date

FOR OFFICE USE ONLY:		Rayalco Code: Fall _____ Winter _____ Spring _____	
Physical Date: _____	School Ins: Y N	Preseason Mtg: _____	Eligibility: 1 st _____ 2 nd _____
Sports: Fall _____	Winter _____	Spring _____	Cleared: Fall _____ Winter _____ spring _____