

Plainfield South Activities Registration & Consent Form

7800 W Caton Farm Rd, Plainfield, IL 60586
 Phone: 815.577.5587
 Fax: 815.436.5312
<http://il.8to18.com/PlainfieldSouth>
https://twitter.com/PSHS_Athletics

Last Name	_____
Student ID #	_____
Activity(s)	_____
Activity(s)	_____

Athletic Director - Ken Bublitz
Asst. Athletic Director - Leah Carter
Athletic Dept. Secretary - Margaret Kantor

PLEASE COMPLETE THIS FORM AND RETURN TO YOUR SPONSOR.

Student Name	_____	Date of Birth	_____	Age	_____
Year in School	9 10 11 12				
Home Address	_____				
	Number	Street	City	Zip	
Home Phone	_____	Student's Cell Phone	_____		
Father's/Guardian's Name	_____	Mother's/Guardian's Name	_____		
Father's Work Phone	_____	Mother's Work Phone	_____		
Father's Cell Phone	_____	Mother's Cell Phone	_____		
Father's Email	_____	Mother's Email	_____		
Emergency Contact Name	_____	Phone	_____		
Health Concerns/Allergies	_____				

Consent for Participation and Emergency Medical Treatment and Insurance Waiver

Please read this form carefully and be aware that participation in the athletic/activity program(s) for which your child (ward) is being registered entails, like participation in virtually all recreational activities, certain risks that cannot be entirely eliminated. I hereby give my consent for my child (ward) to participate in the athletic/activity program(s). I recognize and acknowledge that there is a degree of risk that my child may sustain personal injury or damage to property in the course of partaking in such activities, and that District 202 High Schools cannot guarantee risk-free recreational experiences to program participants. I nonetheless desire to procure the benefits of recreation for my child (ward) and accordingly consent to his/her participation in the athletic/activity program. I agree to emergency treatment by a physician of a hospital for my child (ward) and I understand that District 202 High Schools do not cover participants for any type of medical costs. I hereby fully release and discharge District 202 High Schools and their officers, agents, servants, and employees from any and all claims for injuries(including death), damage, or loss which my child (ward) or I may have or which may accrue to me on account of my child's (ward's) participation in the program(s). I further agree to indemnify and hold harmless Plainfield Community Consolidated School District 202 and its officers, agents, servants, and employees from any and all claims and expenses (including attorney's fees), resulting from injuries (including death), damages, and losses sustained by my child (ward) or me and arising in any way out of my child's (ward's) participation in the athletic/activity program(s).

Please read each statement and sign below:

- 1) I have read the contents of the Plainfield South Student Handbook (Agenda book) and agree to abide by its rules and regulations.
- 2) I understand that the Plainfield South Athletic Code of Conduct is included in the Student Handbook (Agenda book). I have read and understand the Athletic Code and will abide by its principles. Moreover, I understand it is the student athlete's obligation to notify the Athletic Director within 48 hours when a code violation occurs.
- 3) All school athletic equipment will be returned within 5 days of the final contest of the season.
- 4) **Insurance Waiver:** I certify that my child (ward) has medical/accident insurance coverage. No student will be allowed to participate in athletics unless he/she is covered under a medical/accident plan. If you need information on an insurance

I/We have read this entire document, understand and agree to abide by its terms and sign it voluntarily and with full knowledge of its significance.

X _____
Student Signature

X _____
Parent/Guardian Signature

X _____
Date