
Student's Last Name

First Name

Grade

ALTON COMMUNITY UNIT SCHOOL DISTRICT NO. 11
Alton, Illinois

STUDENT ATHLETIC PARTICIPATION WAIVER

I, _____, the parent or legal guardian of
Name of Parent or Guardian

_____, a student in the Alton Community
Name of Student

Unit School District No. 11, hereby grant permission for _____
Name of Student

to participate in _____.
Name of activity

I understand that student insurance to cover medical expenses incurred as a result of participation in interscholastic activities is available and can be purchased in the school office. I elect not to purchase the student insurance because:

I presently have and will maintain, during the period of participation, other insurance coverage which is adequate for medical expenses that might be incurred as a result of the participation of the above named student in an interscholastic athletic activity.

Further, I am willing to assume responsibility for any and all medical expenses that might result from the participation of the above named student in the aforementioned interscholastic activities. I also grant permission for the school employee in charge of the interscholastic activity in which the student is participating to arrange for medical treatment, including transportation to and admission and treatment in a hospital when necessary in those instances where the employee believes that immediate treatment is necessary to maintain the health and physical well-being of the student. I agree to assume full responsibility for the payment of all costs incurred for such medical treatment, necessary ambulance services and other related costs.

Signature of Parent or Legal Guardian

Date

UNDERSTANDING OF CONCUSSION IN SPORTS

I have read the concussion info at: <http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx>, and understand it is available to me at: <https://www.altonathletics.org/>. I understand the importance of recognizing the symptoms of a concussion. I understand and accept the responsibility of reporting such symptoms to the proper school and medical professionals.

Student-athlete Name Printed

Student-athlete signature

Date

Parent or Legal Guardian Name Printed

Parent or Legal Guardian signature

Date

SIGN FRONT AND BACK