Du Quoin Community Unit School District #300 Participation in Athletics

20	<u> </u>	SCHOOL YEAR	YEAR IN SCHOO	DL (circle one)	5 TH	6 TH	7 TH	8 TH
form cor submit it	dance with the policy of Du Quoin isisting of a RELEASE AND HOL along with a current medical exactor ONE CALENDER YEAR.	D HARMLÉSS AGREEMEN	IT, VARIFICATION OF I	NSÜRANCE AŇD	PERMISSI	ON TO F	PARTICIPA	TE and
acknowleneck and	ent or guardian of a child who de edge that such participation invol d spinal injuries which could resu o the body's nerves, blood vesse	sires to participate in the Duves certain risks of physical It in complete or partial para	injury to my child. I know lysis of my child, brain da	School District #30 v that these risks o amage, eye, denta	of injury incl al, hearing a	ude the nd other	possibility o head injuri	of death, es, and
child's p program	y and voluntarily agree to assume articipation in the Du Quoin Com . I understand that by my agreer Du Quoin Community Unit Schoo	munity Unit School District # nent I am forever waiving ar	300 athletic program and did foreclosing any right or	I all activities conr in the part of myse	nected with	and asso	ciated with	the
directly of its	ngly, I do hereby waive and reling or indirectly, as a result of my chil is officers, agents, servants or em my child or anyone on behalf of n	d's participation in the Du Q ployees. This Release is in	uoin Community Unit Sch tended to include any cla	nool District #300 ims which may or	athletic proc	gram aga	ainst such L	Jnit and
account and do t	vent any person makes claim aga of any claim of injuries to my chil herefore agree to hold such Unit ims on behalf of such Unit Distric	d, I agree to fully indemnify School District and its office	such Unit or its officers, a rs, agents, servants or er	igents, servants o	r employees	s against	any such d	claims
acknowle available further h of physic understa Quoin C not pay a own poc	rent or guardian of a child who wi edge that I have been advised the to pay health care costs of any ereby acknowledge that medical cal injuries which may be sustain- and and hereby acknowledge tha ommunity Unit School District #3 all health care charges as a resul ket ant that neither the Du Quoin on whatsoever to all or any part of	at the Du Quoin Community kind incurred by me or my consurance is currently in forced by my child as a participate I will cause such insurance 00 athletic program. I under to of physical injuries which rommunity Unit School Dissuch charges.	Unit School District #300 hild as a result of injuries be and effect which will paint in the Du Quoin Commit to be maintained over the restand that in the event the nay be sustained by my control #300 nor any of its of the sustained by my control #300 nor any o	odoes not maintain to my child as a pay for health care nunity Unit Schoole full period of time at such insurance thild that I may be	in any medic participant in costs which I District #30 ne that my c e that I main required to	cal insura the Unit may be 00 athlet hild is a tain in fo pay suc	ance which t athletic pro incurred as ic program. participant i rce and efforth	may be ogram. I s a result. I further in the Dufect does out of my
	(Name of Student)	is covered by		lame of Insura	ance Com	pany)		
		(Policy Number)						
AGRE permis NAME to enga	oy acknowledge that I have EMENT and VERIFICATION sion for my child, OF STUDENT: age in interscholastic athle er on its out-of-town trips. ated by proper school auth	read and fully unders ON OF INSURANCE. (Last) tics in Du Quoin Comr I further consent to an	With this knowledge (First) nunity Unit School D y treatment deemed	esting of RELEA and understa district #300 ard necessary by	nding, I h (nd to acco	Middle ompany sed ph	Initial) the tean	-
	Signature of Parent/Guardia	an:			Date:			
	Signature of Athlete:				Date:			
	Legal Residence of Parent/							
	Phone Number of Parent	:/Guardian:						
	Parent email address:		St	tudent email:_				