



BELLE VALLEY SCHOOL DISTRICT #119 ATHLETIC PERMISSION FORM & WAIVER

My son/daughter has a current physical examination on file with the School District and has my permission to take part in the sport stated below under the direction to the school. The undersigned hereby expressly releases and discharges the School District from all claims which might arise for any injury my son/daughter may sustain while participating in any sport (game/practice) permitted by me.

Parent/Guardian Signature

Date

TO BE FILLED OUT IF THE STUDENT PLANS TO ENTER ANY COMPETITIVE SPORT THROUGHOUT THIS SCHOOL YEAR.

School Year: _____ Grade _____

Student's Name _____ Birthdate _____

Homeroom Teacher _____ Parent's Name _____

Address _____

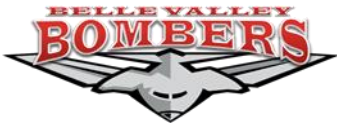
Email address _____

AVAILABLE SPORTS: ✓ APPROPRIATE BOX

(CHECK ALL THAT APPLY FOR THE ENTIRE SCHOOL YEAR)

- | | |
|---|--|
| <input type="checkbox"/> Co-ed Soccer (Fall) 5-8 Grade | <input type="checkbox"/> Boys' Baseball (Fall) 5-8 Grade |
| <input type="checkbox"/> Girls' Softball (Fall) 5-8 Grade | <input type="checkbox"/> Boys' Basketball (Winter) 5-8 Gr. |
| <input type="checkbox"/> Girls' Basketball (Winter) 5-8 Grade | <input type="checkbox"/> Cheerleading (Winter) 7-8 Grade |
| <input type="checkbox"/> Girls' Volleyball (Winter) 5-8 Grade | <input type="checkbox"/> Boys' Volleyball (Winter) 5-8 Gr. |
| <input type="checkbox"/> Scholar Bowl (Winter) 5-8 Grade | <input type="checkbox"/> Chess (Winter) 6-8 Grade |
| <input type="checkbox"/> Bowling (Winter/Spring) 5-8 Grade | <input type="checkbox"/> Track (Spring) 6-8 Grade |

(Please complete reverse side)



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The undersigned parent(s) and natural guardian of _____, a minor, hereby represent to Belle Valley School District #119 that the undersigned have secured and will maintain accident insurance covering all damages and medical expenses which may be incurred as the result of injury to said minor by reason of his or her practice for and participating in interscholastic athletics, cheerleading and/or other related physical education activities during the school term.

EMERGENCY ROOM CONSENT

Occasionally accidents occur when students are participating in school-organized sports. On several instances when the parents have been out of town, medical treatment has been delayed at the nearest hospital. To eliminate any delays in hospital attention, parental permission to proceed with immediate medical care would be advisable.

My son/daughter has my permission to receive medical treatment at the nearest hospital for any injury sustained during the school sports season.

Parent's Name _____

Telephone: Home/Cell _____ Work _____

Student's Full Name _____ Age _____

Health Problems _____

Allergies _____

Current Medication _____

Family Doctor _____

Alternate Emergency Number _____ Relation to Student _____

Parent/Guardian Signature

Date