

**ATHLETIC CLUB RELEASE, CONSENT AND PERMISSION FORM  
COMMUNITY HIGH SCHOOL DISTRICT 155**

STUDENT NAME: \_\_\_\_\_ CLUB SPORT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ YR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

MOTHER'S/GUARDIAN'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

\_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FATHER'S/GUARDIAN'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

\_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Note: Insurance: School District 155 does not offer student insurance. The District does not carry health or accident insurance on students. If parents desire this type of coverage, they will have to obtain it through a family policy.**

In consideration of the opportunity to participate in the aforementioned club sport ("Activity") that is being offered to me and/or my minor student ("Student"), the undersigned hereby acknowledge and certify that for myself or as a parent/guardian of Student, that I understand the nature of the Activity and that I, and/or my minor child am qualified, in good health and in proper physical and mental condition to participate in the Activity and that the Student does not suffer from any physical infirmities, chronic illnesses or physical disabilities which are affected by or prohibit the Student from engaging in and participating in the Activity and that the undersigned is responsible for consulting Student's physician before the Student may engage in the Activity. I fully understand that this Activity involves a risk of serious bodily injury, including permanent disability, paralysis and death and these and other risks may be caused by the Student's own actions, or inaction. I hereby irrevocably agree to release, indemnify, defend and hold harmless the Board of Education of Community High School District 155, its individual Board members, officers, agents, representatives, administrators, employees, and volunteers from and against any and all responsibility, liability, loss, damage, liability, charges, claims, demands and actions of any kind whatsoever directly or indirectly arising out of or in connection with the Activity. This Release shall not be applicable to liability arising solely due to the Board's own gross negligence.

By signing below, I, as participant, and/or parent/guardian of a minor Student participant, give permission for the Student to participate in the Activity. I am aware that the Board does not make student insurance available and that the Board is not liable for any injuries Student may receive while participating in the Activity. I further consent to any treatment deemed necessary by a licensed physician designated by the person in charge of the Activity, for any illness or injury resulting from Student's participation in the Activity. I understand that every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. I have read and fully understand this Release, knowing that I have given up rights by signing below, and have signed this Release of my own free will.

Signature of Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_