

Name: _____

Grade: _____

**Student-Parent Athletic Agreement
Central Community Unit School District #301**

**Please fill out this form and return it if your son or daughter will be participating in
CMS/PKMS Athletics/Activities during the 2015-2016 School Year.**

- | | |
|---|------------|
| ➤ Athlete's Signature: _____ | Date _____ |
| ➤ Parent's Signature: _____ | Date _____ |
| ➤ Insurance Carrier (Company): _____ | |

Your signature on this form indicates that you have read and agree to abide by the Athletic Policies of Community Unit School District # 301 as found in the Student Parent Handbook. Any violations hereafter will be considered breaking of the policy.

Parental Statement of Insurance Coverage for Interscholastic Activities

For those students who are actively engaged in extracurricular activities and interscholastic athletics, **by listing your insurance carrier above you are stating that you have insurance coverage for your student athlete.**

CMS/PKMS Athletics/Activities		
FALL	WINTER	SPRING
FOOTBALL	BOYS' BASKETBALL	BOYS' TRACK
VOLLEYBALL	GIRLS' BASKETBALL	GIRLS' TRACK
BOYS' CROSS COUNTRY (6 th – 8 th)	WRESTLING (6 th – 8 th)	
GIRLS' CROSS COUNTRY (6 th – 8 th)	CHEERLEADING	
	SCHOLASTIC BOWL (6 th – 8 th)	