

Southeastern CUSD #337 Parental Consent Form for Athletic Activities

Dear Parent,

This form is to be filled out completely and filed in the building office before the student is allowed to practice and/or compete.

Name of Student _____
(Last) (First) (MI)

Date of Birth _____ Birthplace _____ Grade _____
(County & State)

Home Address _____

Parent Name _____ Telephone _____

INSURANCE:

We require all our student/athletes to have insurance coverage, and WCSIT (Workers Compensation Self-Insurance Trust) would meet this requirement, but remember it is **only** supplemental coverage.

Southeastern School District needs the following information:

Name of Insurance Company: _____

Policy Number: _____

Please check:

I hereby give my consent and authorization for the above named student:

1. To represent his/her school in athletic activities.
2. To accompany any school team of which he/she is a member on any of its local or out-of-town trips.
3. To be given emergency medical care by a physician of the school's choice. This may become reasonably necessary in the course of an activity or travel.

I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel. By signing this agreement I agree that I also have received and reviewed a copy of the Southeastern CUSD #337 Athletic Code.

(Signature of parent and/or guardian)

(Date)