

**DEKALB HIGH SCHOOL  
ACTIVITIES & ATHLETICS**

**Activity** \_\_\_\_\_  
**(Fall Poms, Winter Poms, Forensics, or Scholastic Bowl)**

Student Name \_\_\_\_\_ Year in School \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(other than above)

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<b>OFFICE USE ONLY</b>	Activity Participation Fee _____ ( <small>\$35 per activity</small> )	Staff Signature _____
	Physical Date _____ ( <small>Not required for Forensics or Scholastic Bowl</small> )	Expiration Date _____

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As parent/guardian of \_\_\_\_\_, I hereby give permission for her/him to participate in activities in DeKalb School District #428. I also give my permission for emergency medical care if I cannot be contacted in case of injury.

As a participant, I will be responsible for obeying the training rules as determined by the school and head coach/advisor. As a participant, I will be responsible for the return of all equipment issued to me and will not be allowed to participate in the next sport/activity until all equipment is returned or been paid for.

As a participant, I understand DeKalb School District #428 will provide safe equipment for my use and coaches will follow sound teaching procedures in all activities. Because of the dangers of participating in sports/activities, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction.

Some DeKalb School District #428 sanctioned activities take place at the DeKalb Park District Rec center. All school rules apply to these School District #428 sanctioned events and the DeKalb Park District assumes no liability.

I also understand that through participation in the above activity, I am risking the possibility of serious injury and accept that risk. To date, there are no proven cases of HIV or Hepatitis B transmission through athletic competition. I understand that some competitors may be HIV/Hepatitis B positive and that I risk a theoretical possibility of exposure to HIV/Hepatitis B infection if I am exposed to blood in practice and/or competition.

Athletics and Activities often receive publicity over the airwaves, on the District #428 website, in the print media, and programs. You should be aware that your son/daughter's picture or name may be used or appear in any or all of the above.

I will have a parent permission sheet signed by parent/guardian, current physical (if required) and \$35 fee in the Athletic Office before I start practice in the above activity. If cuts are necessary in any activity only the \$35 fee is refundable.

DeKalb School District #428 will provide secondary insurance coverage. However, there may be a deductible per injury on the school district coverage.

My parent(s)/guardian(s) and I have read the above statement and the code of conduct. I understand that it is my responsibility to be knowledgeable of its contents. I understand and agree that I will contact any coach or administrator immediately with any questions or misunderstandings I may have regarding my rights and/or responsibilities.

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ [ver. 06.16.08] Office-White, Coach-Pink, Parent-Yellow)