

**Rosette Middle School
Sport Permission Form**

Sport _____

Name _____

Level _____

Street Address _____

Year in school _____

Birthplace _____

City _____

Parent/Guardian _____

Birthdate _____

Height _____ Weight _____

Home _____

Sex _____

Phone _____

Emergency Contact (other than above) _____

Work _____

Phone _____

Emergency Contact Phone _____

OFFICE Physical Date _____

Expiration Date _____

USE

ONLY Athletic Participation Fee _____

Staff Signature _____

As parent/guardian of _____ I hereby give permission for her/him to participate in athletics 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. 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 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, I recognize the importance of following coaches instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction.

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 or 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 web site, and 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 current physical, parent permission sheet signed by parent/guardian and \$75 fee in the Athletic Office before I start practice in the above sport. If cuts are necessary in any sport only the \$75 fee is refundable.

DeKalb School District #428 will provide secondary insurance coverage. However, there is a \$150 deductible per injury on the school district coverage.

My parent(s)/guardians(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.

Signed Athlete _____

Signed Parent/Guardian _____

Date: _____