

EXTRA-CURRICULAR ACTIVITIES PERMISSION FORM

Your son/daughter has indicated a desire to participate in extracurricular activities at Wilmington High School. In addition to being cleared for participation by a physician in a current physical examination, the following information must be completed and on file in the Athletic Department Office before your son/daughter will be allowed to participate

Student Name _____ Grade _____

Address _____ Date of Birth _____

Home Number _____ Work Number _____

Emergency Contact _____

Home Number _____ Work Number _____

Physician _____ Phone _____

Hospital Preference _____ Height _____ Weight _____

Specific medical allergies, medicines, or other conditions: _____

INSURANCE

It is necessary for all students who participate in extra-curricular activities to have insurance. Please fill out the information below in regards to your child's coverage. If your family does not currently have insurance, please contact the high school athletic director as soon as possible, (815) 926-1741.

Insurance Company Name _____

Insurance Company Phone Number _____

Insurance Policy Number _____

HOLD HARMLESS

Participation in extra-curricular activities may involve many risks of injury. A serious injury may result in physical impairment or even death. I hereby assume all the risks associated with participation and agree to the Wilmington Community School District 209-U, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in an extra-curricular activity/sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator assignees, and for all of my family members. I/We, as parent(s)/guardian(s), release Wilmington High School and its employees from any liability accruing from participation in extra-curricular activities. In the event reasonable attempts to contact me are unsuccessful, I/We, as parent(s)/guardian(s) of the stated student do hereby authorize (1) the treatment by qualified and licensed medical doctor of my child in the event of medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed; and (2) the transfer of my child to any hospital reasonably accessible. This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent / Guardian Signature _____ Date _____

<i>For Office Use Only:</i> Physical Date _____ Insurance _____ Drug Test _____ Agreement _____

Agreement to Participate

District 209U considers athletics and extracurricular activities to be very important components of the overall high school experience. These experiences can greatly enhance a student's enjoyment of his or her high school career, and are helpful in the attempt to develop well-rounded young adults. Extracurricular programming is designed to promote the development of lifelong skills such as self-discipline, leadership, teamwork, respect for self and others. While the regular curricular program is a right afforded to each student, participation in the co-curricular program is a privilege, and as such carries significantly increased expectations beyond those applicable to students within the classroom. The Athletic / Activity Code is established for students who choose to take part in the co-curricular program. By choosing to participate in an athletic or activity program, a student is deciding to extend his or her school day and to subject him/herself to increased expectations regarding behavior or conduct during school hours, at school-sponsored events, and within the community. The Athletic/Activity Code is considered to be in effect at all places and times throughout the entirety of any given athletic season, beginning with the first day of practice and ending at the conclusion of the final contest. I have been informed of the guidelines and code of conduct involved in participation in extra-curricular activities/sports at Wilmington High School and understand it's terms. I will abide by all guidelines and conduct rules in a sportsmanship manner, and will follow the coach's/sponsor's instructions completely.

Student Signature

Parent/Guardian Signature

Date

Random Drug Testing Consent Form

I wish to tryout for and/or participate in school sponsored extracurricular athletic activities. I have read the Board of Education's Extracurricular Athletic Participant Drug Testing Policy and I understand the Board of Education's Policy and Procedures and agree to follow said Policy and Procedures, including being subjected to random testing, as a condition of participation in extracurricular athletic activities, [understand that if I disobey the rules, I will be excluded from the opportunity to participate in extracurricular athletic activities as provided in the Board's Policy and Procedures. I understand that I should ask school district staff if I have any questions about the drug testing program or results.

I accept the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the program. I agree to cooperate in furnishing specimens, and all other aspects of the program. I agree to cooperate in furnishing such urine samples, which may be required at random times. I further agree and consent to the disclosure of the sampling, testing, and results as provided for in this program to the school district administration. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent such disclosure is authorized by this program. This consent is valid for the current school year.

I authorize the testing organization to take a sample of my urine for the purpose of performing tests and otherwise screen the sample obtained from me for the presence of drugs or other chemical substances. Also, I authorize the testing organization to release the results of the testing, regardless of whether the results are negative or positive to the Administration of Wilmington Community Unit School District No. 209-U.

I agree to participate in this program and release the testing organization/certified lab and any of its employees or agents from any liability arising out of my participation in the Drug Screening Program.

I understand that costs for random tests will be paid for by the school district.

Wilmington High School and Riverside Hospital have my permission to test my child on any of the dates.

Student Signature

Parent/Guardian Signature

Date