

## WJHS Interscholastic Sport Participation Permission Slip

- ✓ Complete an Athletic Participation Permission Slip for **each sport** that your son or daughter is interested in.
- ✓ Include a **\$50 athletic fee** (cash or check) subject to making the team. Make checks payable to Naperville School District 203.
- ✓ A **current Sports Physical (IHSA Pre-participation Examination form)** must be on file with the school nurse **before your son or daughter can try-out or participate** in any athletic event.

### Participant Information:

Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Sex (circle one):    Male    Female

Grade Level:    7<sup>th</sup>    8<sup>th</sup>

### Parent/Guardian Contact Information:

Mother's Name: \_\_\_\_\_

Best Contact (check one): Work \_\_\_\_\_ Cell \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Best Contact (check one): Work \_\_\_\_\_ Cell \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Information:

Emergency Contact #1: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone: \_\_\_\_\_

### Athletic Agreement:

I hereby give consent for my son/daughter to participate in the school sports program. In signing this permission form, I agree to the following:

- I will not hold the school district or any of its employees liable in case of any loss of property.
- I will provide transportation home for my child within 15 minutes after the scheduled conclusion of practices and games.
- My child will ride the school bus provided to and from athletic contests unless prior arrangements are made with the coach.
- I have school insurance or similar coverage under a personal health insurance policy.
- I am not aware of any physical reason why my son/daughter should not participate in the athletic program.
- I authorize the school to take action as necessary in case of an emergency.
- I understand that medications in the health office are not accessible. Any medications needed before/after school are a parental responsibility. EpiPens and inhalers may be self carried.

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

Date: \_\_\_\_\_