

**PARENTAL CONSENT FOR PARTICIPATION
IN ATHLETICS AND OTHER RELATED ACTIVITIES
KEWANEE SCHOOL DISTRICT #229**

Student's Name: _____
Address: _____
Telephone Number: _____

The sports/activities listed below are available for students to participate in, in the Kewanee School District.

Elementary Basketball, Elementary Football, Elementary Volleyball, Jr. High Basketball, Jr. High Softball, Jr. High Cheerleading, Jr. High Football, Jr. High Pom Pon, Jr. High Track, Jr. High Volleyball, Jr. High Wrestling, Jr. High Managers, High School Baseball, High School Basketball, High School Bowling, High School Cheerleading, High School Cross Country, High School Football, High School Golf, High School Pom Pon, High School Soccer, High School Softball, High School Tennis, High School Track, High School Volleyball, High School Wrestling, High School Managers, High School Trainers, and Intramurals at all levels.

It is my understanding as a parent that the Kewanee School District has made available an accident insurance program in which my child is automatically enrolled at no charge to the family. Student Accident insurance provides **minimal coverage** and will be **secondary** coverage for health/hospitalization insurance. All students who elect to participate in sports/activities must show proof of health/hospitalization insurance. I further understand that the school district disclaims any financial responsibility for costs of doctors, hospital, ambulance or paramedics, etc., arising by virtue of an injury to my child while participating in such interscholastic competition or preparation, therefore, unless the injury resulted from the fault of the school district or its employees which the courts hold creates a liability upon the school district.

I further represent that the situation with regard to the coverage of my child by accident or hospitalization insurance is as follows:

Coverage for accident or hospitalization insurance provided by:

(insert name of company)

I further acknowledge that before my child can participate in a school-sponsored activity, this consent must be executed with me and filed with the school, together with the result of a physical exam indicating that my child is physically fit to participate in such school-sponsored activities.

APPROVED:

Signature:

DATE: _____

(Parent or Guardian)