

Champaign Unit #4 Schools - Champaign Middle Schools

Athletic Insurance and Participation Information Form

Section 1: General Information

In order to participate in the Unit #4 Middle School Athletic Program, each participant must have in force a current accident insurance policy which will cover him/her during the entire school year and his/her parent or guardian's permission to participate.

Please complete the following information:

Student's Name _____ Male _____ Female _____
First Last Middle

Street Address: _____ Zip Code _____

Grade _____ Birth date of student _____

School last attended _____ Date of last physical exam _____

Name of mother: _____

Address of mother _____ Zip Code _____

Name of father: _____

Address of father: _____ Zip Code _____

Phone #(s):

Home: mother _____ father: _____

Work # of parent(s): mother _____ father: _____

Cell # of parent(s): mother _____ father: _____

Email addresses: Mother: _____

Father: _____

Section 2: Parent or Guardian's Permission for Sports Participation

Student's name: _____

I do hereby give Community Unit School District #4 my permission for the above-named student to participate in athletics in the Champaign School District. My signature below verifies that I am a resident of the Champaign School District and live within the Champaign school boundaries.

Signature of parent or legal guardian _____ Date _____

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Section 3: Insurance Information

The Board of Education of Community Unit School District #4 makes available an optional insurance program which students participating in athletics are urged to purchase. This program covers accidents which occur as a result of a student's participation in school sports. Should the parent/guardian have other primary insurance, this optional insurance provides secondary coverage. Parents or guardians must sign the statement below and return this form, along with proof of insurance, to the athletic department BEFORE the student will be permitted to participate in tryouts and/or on an athletic team.

All injuries must be reported to the coach immediately. If a physician is required, the student shall pick up a claim form in the main office at school and have the physician complete it. All claims must be filed by parents when there is payment due for an injury. Information will be given to athletes regarding the exact procedure for filing claims.

I/We assume full legal responsibility for any damage or injuries sustained by the undersigned student, not covered by insurance purchased by us, and agree to indemnity and hold harmless the above-named school district against all claims arising therefrom.

Parent/Guardian's signature: _____

Note: To participate in tryouts and/or be on an athletic team, written proof of insurance must be submitted along with this form. At least one of the statements below must be answered "Yes."

The student named in Section 1 above is covered by my family insurance and/or school insurance.

_____ Written proof of family insurance is attached.

_____ Written proof of school insurance is attached.

Section 4: Physical

A sports physical form may be obtained from your doctor and must be completed annually. **BOTH** the completed physical form and the Champaign Unit #4 Schools athletic insurance and participation information forms must be turned in to the athletic director in order for the student to participate in tryouts and/or be on an athletic team.