

**EAST AURORA SCHOOL DISTRICT #131
ATHLETIC PARTICIPATION FORM**

PLEASE PRINT

Date: _____

Fall Sport: _____

Please Circle

Winter Sport: _____

Gender: Female Male

Spring Sport: _____

Year in School: FR SOPH JR SR

Name: _____, _____, _____
(Last) (First) (Middle)

Student ID Number _____

Address: _____ Birth date: ____/____/____
(Street)

_____ Phone #: _____
(City) (Zip)

School Attended Last _____ Dates Attended: _____

Please list any allergies _____ **(If none, state none)**

Does the student athlete currently take medication YES / NO

If yes which ones? _____

List any significant health problems that may be useful to the trainer and/or physician.

Parent/Guardian Names _____

Home Phone # _____

Family Physicians Name & Phone # _____

Emergency Contact (Name & Phone)

Emergency Consent

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Aurora East High School to hospitalize, secure proper treatment for and to order injection, surgery and/or examinations needed for the student athlete named above. Permission is also given for the school trainer, nurse and/or other school representatives to provide the needed emergency first aid treatment to the student prior to his/her admission to medical facilities.

Agreement

As a participant, I will be responsible for the return of all equipment and clothing issued to me. I understand that I will be charged for any loss or damage to the issued equipment or clothing.

I am familiar with, and have received and read the Parent Student Athletic Handbook and agree to abide by all the rules, regulations and responsibilities as described in the Handbook.

PARENT/GUARDIAN Signature: _____ Date: ____/____/____

STUDENT Signature: _____ Date: ____/____/____

**AURORA EAST PUBLIC SCHOOLS
DISTRICT #131
INSURANCE WAIVER, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

Please fill out the form as accurately as possible. If you check the boxes marked School Insurance, Football Insurance or 24 Hour Insurance, you must purchase insurance from the school to cover your student. **If you have Health Insurance, Medical Card, Kid Care, etc., check Family Insurance and give the name of the company or your employer.**

School Insurance

Family Insurance

Football Insurance

Name of Insurance Company & Policy #

School District #131 requires that a student **MUST** either have school accident insurance or be covered under their parent/guardian's insurance policy. **If the parent/guardian chooses NOT to purchase school insurance, the parent or guardian must:**

- **SIGN THE INSURANCE WAIVER**
- **PROVIDE THE NAME OF THE FAMILY INSURANCE CARRIER**

INSURANCE WAIVER, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

My child _____ has elected to participate in Aurora East School District #131 interscholastic programs.

As parent or guardian of the above named child, I state that I have secured insurance coverage, or made other arrangements to adequately cover and pay for any injury of any kind whatsoever to my child related to my child's participation in the interscholastic athletic programs; and, hereby waive participation in the insurance programs offered to me and made available by School District #131.

I further acknowledge that my child assumes all risk of injury from my child's participation in the interscholastic program including injury from the use of any equipment or facilities, and together we waive and give up any claims of any kind whatsoever against School District #131, its employees and agents, for any such injury.

We further release School District #131 of any and all financial obligation due to my child's injuries sustained while participation in the interscholastic athletic program, and should there be a claim made against District #131 by any part arising from my child's injury. I hereby indemnify the School District from such a claim, and agree to pay the School District any loss, including attorney's fees that the School District may sustain as a result of such injury to my child.

Dated _____

Parent/Guardian's Signature _____

Student's Signature _____