

Le Roy CUSD #2 Athletic Participation Enrollment Form

*Parent Participation Permit

I hereby give my consent for _____ who will be in _____ grade to compete for Le Roy Junior/Senior High School in the following IHSA and/or IESA sports, for the entire year and to go with the coach, or his/her duly appointed assistant on any trip.

Baseball Basketball Football Golf Cheerleading
Softball Track Volleyball Wrestling

Circle the sport(s) for which the permission is granted for the entire year.

*Le Roy Board of Education has approved the following guidelines:

1. Remain in the spectator area during competitions. Do not approach the coaches, officials, or event staff during the contests.
2. Don't advise the coach on how to do their job.
3. Don't coach your child during a contest.
4. Don't make insulting comments to players, parents, officials, or coaches of the other team.
5. Cheer for our team.
6. Show interest, enthusiasm, and support for your child. Be positive.
7. Be in control of your emotions.
8. Don't drink alcohol at contests or come to one having consumed too much.
9. Help when asked to by a coach or an official.
10. If you have any questions or complaints regarding the athletic program, please schedule a meeting with the coach one day after the contest. Do not approach the coach during or immediately following an athletic event.

*Acknowledgment and approval of Le Roy Junior/Senior High School training rules and spectator guidelines

I have reviewed the rules and regulations in the student handbook involving extra-curricular sports and agree to abide by the stated rules and the decisions of the athletic director or coaching staff. I have also reviewed the spectator guidelines and agree to abide by the stated guidelines. No student athlete will be allowed to participate until the previous statement is acknowledged and accepted by both the athlete and his/her parent.

*LEROY JUNIOR/SENIOR HIGH SCHOOL INSURANCE WAIVER FORM

This is to acknowledge that I have my student-athlete (name) _____ fully covered by my OWN medical insurance and DO NOT desire the school insurance. I do not hold the school financially responsible in any way for any injury incurred through participation in school athletics.

Check this box if you DO NOT have medical insurance for your student-athlete and require district insurance.

In signing this document I am accepting the policies and guidelines as set forth by Le Roy C.U.S.D. #2 in order for my child to safely and appropriately participate in interscholastic athletics.

PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

see back

MEDICAL TREATMENT RELEASE

I,(we) _____ (and) _____ of _____
(name) (name) (city)

_____ County, _____, do hereby state that I
(county) (state)

am (we are) the natural parent(s)/legal guardian(s) having legal custody of

_____, a minor, age, _____, born _____,
(child's name) (age) (date)

who resides with me (us) at _____.

I authorize the LeRoy Coaching staff representative to consent to any X-ray, examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of _____, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful.

(signature of parent/guardian) (school year)

Dated this _____ day of _____, 200__

Child's Doctor _____ Child's Allergies _____

Parent's Doctor _____ Medicines child is taking _____

Parents Cell # _____ Alt Cell#: _____

Choice of Specialists _____

Choice of Hospital _____