

LEMONT HIGH SCHOOL PARTICIPATION CONSENT

Complete this form with **ALL** signatures and do one of the following:

- Return to the Athletics/Activities Office
- Return to the PPS Office
- Turn in at Registration Processing Day
- Return to a coach/sponsor

STUDENT INFORMATION - PLEASE PRINT

PLEASE NOTE THAT ALL INFORMATION IS REQUIRED FOR BOTH ACTIVITIES AND ATHLETICS!

Student's Name: _____

Address (w/ city, state, zip): _____

Home Phone (w/ area code): _____

Student's Insurance Carrier: _____ Group Number: _____

NON-ATHLETIC ACTIVITY PARTICIPATION CONSENT

(To be signed by the student's parent/guardian)

I give consent for my son/daughter to participate in any Lemont High School District 210 non-athletic extra-curricular activity for the current school year, and assume responsibility for accident insurance in case my student is injured or involved in an accident while participating in such activities. I understand that Lemont High School offers me the opportunity to purchase school insurance through a third party.

By granting permission for my student to participate in any non-athletic extra-curricular activity at Lemont High School, I understand that he/she is responsible for adhering to the Activity Code of Conduct as outlined in the student handbook; recognize that the school may use my student's name and/or photo to promote his/her involvement in such activities; and agree to pay any fees - including Extra-Curricular Activity Participation Fees - by the deadlines established by the school.

Parent's/Guardian's Signature

Date

ATHLETIC PARTICIPATION CONSENT

(To be signed by the student's parent/guardian)

I give consent for my son/daughter to participate in any Lemont High School District 210 interscholastic athletic activity for the current school year, and assume responsibility for accident insurance in case my student is injured or involved in an accident while participating in such activities. I understand that Lemont High School offers me the opportunity to purchase school insurance through a third party.

I recognize that any interscholastic athletic activity involves an inherent potential for injury to my son/daughter. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict organization of rules, an injury to my son/daughter still is a possibility. I recognize that on rare occasions, such injuries may be severe and disabling.

By granting permission for my student to participate in any interscholastic athletic activity at Lemont High School, I understand that he/she is responsible for adhering to the Athletic Code of Conduct as outlined in the student handbook; recognize that the school may use my student's name and/or photo to promote his/her involvement in such activities; and agree to pay all fees - including Extra-Curricular Activity Participation Fees - by the deadlines established by the school.

Parent's/Guardian's Signature

Date

AGREEMENT TO ADHERE TO ACTIVITY/ATHLETIC CODES OF CONDUCT

(To be signed by the student)

I, _____, agree to adhere to Lemont High School District 210's Activity and/or Athletic Codes of Conduct, and as a representative of Lemont High School, agree to uphold the rules set forth by the District 210 Board of Education.

Student's Signature (Activity Conduct)

Student's Signature (Athletic Conduct)

Date