

(Please print in ink)

BOND COUNTY COMMUNITY SCHOOL DISTRICT
2017-18 ATHLETIC PERMIT CARD

NAME: _____ DATE OF BIRTH: _____ YEAR IN SCHOOL: 7 8
(Last) (First) (Circle one)

ATHLETIC PARTICIPATION FEE

_____ *Transfer Student (Check if yes)*

All Greenville Blue Jays will be required to pay a fee for participation in the GJHS Athletic Programs. The fee charge is **\$50 per sport, per child (\$250 family cap)**. The fee must be paid before the first scheduled game or contest for the sport in which the athlete is participating. If fee is not paid prior to the first scheduled game or contest the athlete will be **ineligible** to compete until the fee has been paid. The athletic fee may be refunded if the athlete is injured before the first scheduled contest. After the first scheduled game there will be absolutely no refunds for any reason.

A student athlete must pay his/her BCCU2 basic fees before the athlete will be able to participate in athletics.

PARENT/ATHLETE REALIZE THE RISK TO PARTICIPATE

By signing this form, parents give the student(s) permission to participate in any of the following activities:
Baseball, Basketball, Cheerleading, Track, and Volleyball.

My son/daughter has my permission to practice and compete in the interscholastic activities listed above, and I also approve of my son/daughter abiding by all Illinois Elementary School Association by-laws. In addition, we realize that such activity involves the potential for injury, which is inherent in all activities. We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observances of rules, injuries are still a possibility. On rare occasions these injuries can be severe. *I/ We agree to waive and release any and all claims and right for damages I have against BCCU2, its coaches, faculty, and staff for any and all injuries an damages suffered by son/daughter by participating in their sports or activities.*

PARENT(S) SIGNATURE: _____ DATE: _____

ATHLETE SIGNATURE: _____ DATE: _____

EQUIPMENT/UNIFORM ISSUE

Every athlete is fully responsible for any uniforms or practice equipment issued to him/her, whether it is lost or stolen. All issued equipment and uniforms must be returned to GJHS at the conclusion of the season. Restitution for any lost items will be made at replacement cost and is due immediately at the conclusion of the season.

INSURANCE

Athletes are required to have proof of insurance before they can compete in any sport. Insurance can be in the form of school-time insurance, proof of family insurance coverage or military provided services. Proof of insurance must be on file before the athlete will be allowed to participate.
If insurance information changes, the parent is responsible for notifying the Junior High Office.

Medical Insurance Provider: _____ Identification Number: _____

_____ I/We would like to purchase medical insurance from BCCU2 for my child(ren). Forms available at Registration/GJHS Office.

EXTRA-CURRICULAR CODE OF CONDUCT

The extra-curricular code of conduct is cumulative beginning with the student and parents signing and continuing throughout the students' **entire** junior high school career. The procedures are in effect on and off campus throughout the entire calendar year, including weekends and summer and do not supersede, but are in addition to, BCCU2 school disciplinary procedures.

We, the athlete and parent(s) have read and had the opportunity to ask any question we may have had, and understand all elements of the Bond County Community School District #2 Extra-Curricular Code of Conduct. Furthermore, as the parent I agree to support these codes and the above items. As the athlete, I agree to comply with all sections of the code and the above items.

SIGNATURE OF PARENT(S): _____ DATE: _____

SIGNATURE OF ATHLETE: _____ DATE: _____



IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

As a patient under my care, _____, is prescribed to self-administer the following asthma medication.

Medication _____

Purpose _____

Dosage _____

Time/Special Circumstances _____

Printed Name of Physician

Signature of Physician

Date

I, _____, do hereby give my son/daughter, _____
Permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date