

# Athletic Participation Permission Form

Wilson Middle School / John Deere Middle School

## Student Information:

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender: Male / Female

## Insurance Information:

Although the greatest care will be taken to prevent injury, students participating in athletics are more vulnerable to injury than when engaged in a more sedentary activity. Therefore, it is desirable that students participating in athletics be protected by accident insurance. Some parents/guardians have family insurance and do not require or desire additional school insurance while others may want school insurance in addition to family insurance.

Please check the blank or blanks which apply in your case:

\_\_\_\_\_ My child is protected by a family insurance policy

\_\_\_\_\_ My child has school insurance

**Physical Exam, Athletic fee and Equipment Agreement:** A. Every student must have on record with the school a recent physical exam by a medical doctor. Exams are good for one year from the date of the physical. B. A \$10.00 athletic fee is assessed each year the student participates in the program. C. Equipment is properly fitted and issued to each student athlete. The equipment is purchased with tax appropriated money and after issuance is the responsibility of the student athlete. A replacement charge will be required if the equipment is lost or damaged. This cost will be dependent on the condition of the equipment upon issuance.

**Statement of Consent:** By signing below, I hereby give my consent as the parent/legal guardian of the above listed student, to participate in any athletic activity under the direction of the athletic management of Wilson Middle School/John Deere Middle School. These activities may include, but are not limited to, football, basketball, track and field, cheerleading, wrestling, tennis, volleyball, swimming and cross country. Furthermore, I understand that careful supervision and preparation of the student athletes will be given. However, in the event of an injury, I assume all risks and will not expect the Moline Board of Education, athletic personnel, or school administration to assume any financial responsibility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

For office Use Only: Athletic Fee \_\_\_\_\_ Physical \_\_\_\_\_