

EXHIBIT - AGREEMENT TO PARTICIPATE (REWRITTEN)

*Each student **and** his or her parent/guardian must read and sign this **Agreement to Participate** each year **before being allowed to participate** in co-curricular athletic activities.
The completed Agreement is to be returned to the Athletic Director.*

INSTRUCTIONS: PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED.

Student Information

Name: _____ Age: ____ DOB: ____ / ____ / ____ Grade: ____
 First Middle Last

Address: _____
 Number Street State Zip

Phone No.: _____ Email: _____

Parent/Guardian Information

Name: _____ Relationship to Student: _____
 First Middle Last

Address: _____
 Number Street State Zip

Phone No.: _____ Email: _____

Emergency Contact Information

Name: _____ Relationship to Student: _____
 First Middle Last

Address: _____
 Number Street State Zip

Phone No.: _____ Alt. Phone No. 1: _____

Email: _____ Alt. Phone No. 2: _____

Medical Information

Physician's Name: _____ Hospital Choice: _____
 First Middle Last

Address: _____
 Number Street State Zip

Phone No.: _____

List all of student's known medical conditions, including food allergies and/or drug allergies:

List all medications, whether prescription or over-the-counter, the student is currently taking:

Insurance Information (*Board policy 7.300 requires each student to provide proof of accident insurance coverage.*)

Primary Insurance Carrier: _____

Billing Address: _____
 Number Street State Zip

Phone No.: _____ Alt. Phone No. 1: _____

Policy Holder's Name: _____
 First Middle Last

Relationship to Student: _____ Group/Policy # _____ ID # _____

Student wishes to participate in the co-curricular athletic activities circled below (circle all co-curricular athletic activities that student may participate in during the entire school year):

- Baseball
- Basketball
- Cheerleading
- Cross Country
- Dance
- Football
- Golf
- Lacrosse
- Soccer
- Softball
- Swimming
- Tennis
- Track
- Volleyball
- Wrestling

Identify other co-curricular activities: _____

(Another form must be signed if the student later decides to participate in another co-curricular athletic activity not circled above).

Acknowledgments

I/We acknowledge reading the eligibility rules of any group or association sponsoring any co-curricular athletic activity in which I participate and I agree to abide by them. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.

I/We acknowledge that before the student is allowed to participate, I/We must: (a) provide the District with a certificate of physical fitness (the **Pre-Participation Physical Examination Form** from the Illinois High School Association (IHSA) or Illinois Elementary School Association (IESA) serves this purpose), (b) show proof of accident insurance coverage, and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, **IHSA Sports Medicine Acknowledgment & Consent Form, Acknowledgement and Consent**.

I/We acknowledge that the co-curricular athletic activities identified above involve physical activity, that there are certain known and unknown risks which could result in physical or emotional injury, that the degree of risk varies significantly from one athletic activity to another with contact athletics carrying the highest risk, and that student participation in said athletic activities is purely voluntary.

I/We understand that Board policy 7.305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches, physician assistant, treating advanced practice registered nurse, or a certified athletic trainer working under the supervision of a physician

Travel Acknowledgment

Students must utilize school transportation to and from all co-curricular athletic activities for which transportation is provided. For these events, parents of the student may transport their student only if specific arrangements are made in advance with the activity sponsor. Transportation may not be provided in some instances. These instances would include, but not be limited to: practices, athletic contests, music events or club activities held within the Bloomington-Normal area when it is deemed more practical for the students to meet the coach or sponsor at the site. In these cases, it will be the responsibility of the parent to arrange safe transportation.

I/We acknowledge that there are certain known and unknown risks associated with travel to any event related to the co-curricular athletic activities identified above, whether inside or outside of the United States of America, which could result in physical or emotional injury or damage to persons or property, including, but not limited to, increased risk of disease or being the victim of a criminal act.

COVID-19 Acknowledgments

I/We further acknowledge that I/we have reviewed the US Centers for Disease Control and Prevention's Coronavirus Disease 2019 (COVID-19) webpage located at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>, including its Information for Travel located at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>, as well as the Illinois High School Association's (IHSA's) Stage 1 of Return to Play Guidelines located at <https://www.ihsa.org/default.asp>.

I/We expressly agree and promise to comply with the IHSA's Stage 1 of Return to Play Guidelines and any amendments to the Guidelines or future guidelines at all times.

Assumption of Risk

In consideration of the above acknowledgments, I/We accept and assume all of the risks arising out of or in any way connected with the student's participation in the co-curricular athletic activities identified above or travel associated with any event related to the co-curricular athletic activities identified above, including the possibility of contracting COVID-19.

Release and Indemnification

In consideration of said acknowledgments, I/We do hereby agree to release, discharge, reimburse, indemnify and hold harmless Community Unit School District No. 5, McLean and Woodford Counties (the "District"), Illinois, its agents, officers, employees, and volunteers from any loss, claim, demand, damage, cost or other liability whatsoever, whether caused by the negligence of the District, its agents, officers, employees, volunteers, or otherwise, arising out of or in any way connected with the student's participation in the co-curricular athletic activities identified above or travel associated with any event related to the co-curricular athletic activities identified above, including without limitation contracting COVID-19. Should it become necessary for the District, or anyone acting on its behalf, to incur any costs or expenses, including attorney's fees and court costs, to enforce this Agreement, or in connection with any loss, claim, demand, damage, cost or other liability for which indemnification is provided by this Agreement, I/We agree to indemnify and hold them harmless for all such costs and expenses.

Medical Authorization

I/We, the undersigned student and parent(s) or legal guardian(s) of the student, recognize that in the event of a medical emergency, I/We may not be available to authorize medical treatment and/or care of the student. I/We hereby give consent to the District, its agents, officers, employees, and volunteers ("Agents") to act in my/our place in my/our absence and to authorize emergency medical treatment and/or care to the student, at my/our sole expense, including, but not limited to, diagnostic procedures, treatment procedures, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. It is intended that this Agreement be presented to the physician or appropriate hospital or medical representative at such times as medical treatment and/or care is provided to the student. I/We hereby agree to release, discharge, reimburse, indemnify and hold harmless the District, its agents, officers, employees, and volunteers from any loss, claim, demand, damage, cost or other liability whatsoever, arising out of or in any way connected with medical treatment and/or care provided to the student. I further accept full responsibility for and agree to be billed for any and all costs associated with medical treatment and/or care provided the student.

I/We, the undersigned parent(s) or legal guardian(s) of the student, further agree that in the event the student becomes hospitalized or is quarantined due to COVID-19, I/we will be responsible for providing care for the student during the period of hospitalization or quarantine and not the District, its agents, officers, employees, and volunteers.

Student	Parent/Guardian
Date: _____	Date: _____
	_____ Parent/Guardian
	Date: _____

WITNESSED:

I am at least 18 years old, and (check one of the options below):

- I saw the parent(s)/legal guardian(s) sign this document, or
- The parent(s)/legal guardian(s) told me that the signature or mark on the principal signature line is his or hers.

I am not an Agent named in this document. I am not related to the student, the parent(s)/legal guardian(s), or an Agent by blood, marriage, or adoption. I am not the student's or parent(s)/legal guardian(s) physician, mental health service provider, or a relative of one of those individuals.

I am not an owner or operator (or the relative of an owner or operator) of the health care facility where the student is a patient or resident.

Witness Signature

Date: _____

Witness Printed Name

Witness Address