

Lady Cardinal Basketball



Dear Parent or Guardian:

Your child has elected to tryout/participate in a Palos 118 interscholastic sport, intramural athletic, or clinic. **Each student and his or her parent/guardian must read and sign the *Agreement to Participate* each year before being allowed to participate. The completed *Agreement* must be returned to the coach prior to tryout or first day of participation. Emergency contact information must also be provided.**

If participating in Interscholastic Sport:

All children who participate in the program must have a current school or athletic physical form (within 395 days of tryouts) on file with the school nurse. **All physicals must be completed prior to the first scheduled try-out date in order for any student to participate.** Public Act 096-0128 requires the use of the attached form and is available in the office at Palos South as well as the District 118 and Palos South websites. All completed forms remain on file with the school nurse. Physicals can be obtained from your personal physician, Minute Clinics (Walgreens, CVS) or the Palos Township (708-598-2441) for a nominal fee.

8th Grade Girls Basketball

☒ **Yes, this is an interscholastic sport requiring a physical and accident insurance.**

☐ **No, this is not an interscholastic sport, therefore not requiring a physical or accident insurance.**

Tryouts will be held on: Monday, Oct. 7 & Tuesday, Oct. 8 (if needed)

Time: 2:45-4:45

Please be advised **that tryouts are closed to the public** and all decisions by the coaching staff are final. Coaches of the athletic teams will issue a schedule of practices and games. Parents should make arrangements for their children to get home safely.

If you have any questions, please do not hesitate to call.

Sincerely,

Mr. Wrzesinski
Principal

Carolyn Schaver
Athletic Director

Registration form for sports tryouts/participation

Student Name: _____

Address: _____

Bus Number: _____

Emergency Contact Information

Name:	Relationship to student:
_____	_____

Day phone number:	Evening phone number:
_____	_____

Cell phone number:	Other:
_____	_____

Attachments: Concussion Information Sheet
Agreement to participate
IESA/IHSA Pre-participation Exam form

THIS COMPLETED FORM SHOULD BE RETURNED TO THE COACH.

STUDENT NAME (print clearly): _____ GRADE: _____

**STUDENT AGREEMENT TO PARTICIPATE
TO BE READ AND SIGNED BY THE STUDENT**

1. I wish to participate in the interscholastic sport(s)/intramural/clinic: _____
2. 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.
3. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
4. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the district, its employees, agents, coaches, school board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student signature

Date

**PARENT PERMISSION TO HAVE THEIR CHILD PARTICIPATE IN INTERSCHOLASTIC
SPORT(S), INTRAMURAL ATHLETICS OR SPORTS CLINIC**

TO BE READ AND SIGNED BY THE PARENT/GUARDIAN

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in cut sports, interscholastic sport(s), or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I acknowledge having received and read the attached *Concussion Information Sheet*.
3. I understand that all sports can involve many **risks of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the school district permitting my child to participate, I agree to hold the district, its employees, agents, coaches, school board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.
4. **If participating in interscholastic sports:** Before your child will be allowed to participate, I must provide the school district with a certificate of physical fitness (if participating in interscholastic sport(s), the pre-participation physical examination form serves this purpose), show proof of accident insurance coverage, and complete any forms required by Palos 118 and the Illinois High School Association (IHSA).

Parent/Guardian signature

Date