

**HARRISON SCHOOL**  
**STUDENT-PARENT AGREEMENT FOR ATHLETIC PARTICIPATION**

Participation in extra-curricular athletics is both a privilege and a responsibility. It is a privilege to develop your specific athletic skills with classmates in an organized setting. It is a responsibility to represent your school and community with your best sportsmanship and appearance.

The following rules are required from each athlete participating in games for Harrison School.

I will demonstrate good sportsmanship at all times.

I will not haze or bully other students.

I will be a positive representative of my school at all games.

I will show that I can accept winning or losing a game in a gracious manner.

I will not use vulgar or objectionable language in school, at practice or at any athletic event.

I will not criticize game officials at any time under any circumstances; I will not communicate with game officials except to answer a question.

I will not use or be in possession of tobacco products, alcohol or illegal drugs at any time.

I have read the above rules, as well as the Harrison School Athletic Handbook and agree to abide by the guidelines outlined by these documents. Should I not follow any rule, I realize I may be suspended from games and practices from the next scheduled event up to the remainder of the school year.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
I give permission for my child to participate in extra-curricular athletics. I have read the Interscholastic Athletic Handbook and agree to support the policies and expectations listed within. In addition, I have discussed this handbook with my child, especially the sections on sportsmanship, injuries, equipment and eligibility.

\_\_\_\_\_  
**Parent's Printed Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Parent's email address:** \_\_\_\_\_

(used by the coach for communication purposes, if necessary)

**Please check any box(es) that apply to your child**

I allow my child to ride home with another parent after any game or practice.

I have read and acknowledge having received the updated concussion and injury guidelines.

**HARRISON SCHOOL DISTRICT 36  
6809 McCULLOM LAKE ROAD  
WONDER LAKE, IL 60097  
PHONE: (815) 653-2311**

**Parent/Guardian Consent for Participation in Interscholastic Athletics**

**Student Name** \_\_\_\_\_

\_\_\_\_\_ **Sport(s) Participating in ALL Year**

**Grade of Student (please circle):** 5    6    7    8

**GENERAL INFORMATION**

- 1. We understand that our student-athlete is responsible for equipment issued to him/her and will pay the replacement cost for lost equipment.**
- 2. We approve all immediate treatment in the event of an emergency situation with the understanding that the family will use its own doctor following emergency treatment.**
- 3. We also understand that neither Harrison School nor any designated person will be held liable for immediate and emergency care.**
- 4. We understand that we must have a CURRENT physical examination on file in the school health office before the student-athlete may participate in any interscholastic sport. The physical examination is valid for one (1) calendar year from the date of the examination. The physical examination is required annually for the student athlete by Illinois High School (IHSA) regulations.**

**We do hereby give our consent for our student-athlete to participate in interscholastic athletics representing Harrison School for the school year 2019-2020. With our signature we hereby agree and support all school athletic rules and policies set forth by Harrison School District 36 and the Mid-Northern Conference.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Cell Phone #**

\_\_\_\_\_  
**Home Phone #**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Hospital Preference**

\_\_\_\_\_  
**Insurance Provider**

\_\_\_\_\_  
**Emergency Contact**

\_\_\_\_\_  
**Name and relationship to student athlete**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Medical Concerns**

Please return this form to your coach at the first practice



CONCUSSION ACKNOWLEDGEMENT AND CONSENT FORM

**Student/Parent Consent and Acknowledgements\***

By signing this form, we acknowledge we have been provided information regarding concussions in the Harrison Student Athlete Handbook and completed watching the Concussion video found at:

<http://www.ihsa.org/multimedia/articulate/concussion/presentation.html>

**To be completed by the Student:**

Student Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To be completed by the Parent or Guardian:**

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_

\*Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.