

PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS

Please print information

Activity _____ School _____

Name _____ Year in School _____

Date of Birth _____ Age _____ Home Phone _____

County & State of Birth (ex. Will, IL) _____

Father's name _____ Mother's Name _____

Home Address _____
Number Street City State Zip

Father's Work Phone _____ Mother's Work Phone _____

Emergency Contact: _____
Name Phone Number

CONSENT FORM

We have read the Extracurricular Handbook and agree to abide by the guidelines set forth.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

INSURANCE WAIVER

My child/ward _____ is fully covered by my insurance and we do not wish to apply for the school insurance for extracurricular coverage. I do understand that I waive all responsibility for school insurance in the event of injury.

Parent/Guardian Signature _____ Date _____

CONSENT FOR PARTICIPATION AND EMERGENCY MEDICAL TREATMENT AND WAIVER

Please read this form carefully and be aware that participation in the activities program(s) for which your child (ward) is being registered entails, like participation in virtually all recreational activities, certain risks which cannot be entirely eliminated despite due care exercised by the Plainfield High School/Plainfield South High School staff in conducting such program(s).

I hereby give my consent for my child (ward) to participate in the activity program(s), and understand that appropriate precautions are taken to protect program in such activities, and that Plainfield High School/Plainfield South High School cannot guarantee risk-free recreational experiences to program participants. I nonetheless desire to procure the benefits of recreation for my child (ward) and accordingly consent to his/her participation as described above.

I agree to emergency treatment by a physician of a hospital in the event I cannot be reached, and I understand that Plainfield High School/Plainfield South High School does not cover participants for any type of medical costs.

I hereby fully release and discharge Plainfield High School/Plainfield South High School and its officers, agents, servants, and employees from any and all claims for injuries (including death), damage, or loss which I may have or which may accrue to me on account of my child's (ward's) participation in the program(s). I further agree to identify and hold harmless Plainfield High School/Plainfield South High School and its officers, agents, servants, and employees from any and all claims and expenses (including attorney's fees), resulting from injuries (including death), damages, and losses sustained by me and arising in any way out of my child's (ward's) participation in said programs.

I/We have read this entire document, understand all of its terms, and sign it voluntarily with full knowledge of its significance.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____