

**Pinckneyville Community High School**  
**Extracurricular Athletic Agreement/Consent**

Student Name (print) \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

SPORTS OFFERED: Please circle sport

| FALL               |                   |               | SPRING         |
|--------------------|-------------------|---------------|----------------|
| Cheerleading       | Cross-Country     | Volleyball    | Archery        |
| Poms/Flags         | Football          | Fishing       | Softball       |
| Golf               | Shooting Team     | Soccer (boys) | Baseball       |
| WINTER             |                   |               | Track          |
| Basketball (girls) | Basketball (boys) | Wrestling     | Soccer (girls) |

Pursuant to Pinckneyville Community High School (PCHS) District No. 101 Board of Education Policy 7:300, student participation in Board of Education approved extracurricular athletic activity requires parent(s)/guardian(s) to provide written permission for their child to participate, giving PCHS full waiver of responsibility of the risks involved.

I \_\_\_\_\_ (Parent/guardian), hereby give consent for the above named student to represent his/her school in athletic extracurricular activities, including travel for local and out of town trips.

**Athletic Agreement to Participate**

In consideration of PCHS District No. 101 permitting student to participate in the above activity, *the above named student agrees to:*

- **I will abide** by all conduct rules and will behave in a sportsmanlike manner as stated per the PCHS athletic code.
- **I will follow** the coach/sponsor’s instructions, playing techniques, training schedule and safety rules for the above sport or activity.

*The student and parent agree to:*

- **We acknowledge** that we are aware that participation in the above sport or activity may involve many risks or injury. A serious injury may result in physical impairment or even death.
- **We hereby authorize** the PCHS athletic trainer and/or designated medical staff to examine and treat any injuries which may occur while participating in extracurricular athletic activities for PCHS.
- **We agree** to read and sign the **IHSA Sports Medicine Acknowledgement & Consent Form** prior to participating in sports. Information can be found at <http://www.ihsa.org/Resources/DownloadCenter.aspx> or contact the school.
- **We acknowledge** that we are providing consent to be random drug tested in accordance with the procedures outlined in the Extracurricular Drug and Alcohol Testing Program.
- **We also agree** we will not hold PCHS or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic events or travel involved with the activities.
- **We hereby assume** all the risks associated with participation and agree to hold PCHS District No. 101, it’s employees, agents, coaches, School Board members, and volunteers, harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activity or sport. The terms hereof shall serve as a release and assumption of risk form my heirs, estate, executor, administrator, assignees, and for all members of my family.

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

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