

**PARENTAL CONSENT FORM FOR STUDENT PARTICIPATION IN
COLLINSVILLE HIGH SCHOOL ACTIVITIES/SCHOOL ATHLETICS**

STUDENT NAME _____

STUDENT SIGNATURE _____

PARENT NAME _____

PARENT SIGNATURE _____

SPORT(S) – Please list all CHS sports the student will participate in during the year:

CODE OF CONDUCT

I have received a copy of CHS CODE OF CONDUCT FOR ATHLETICS. The student listed above has my permission to participate in CHS Athletics in accordance with the provisions contained in the Parent/Student Handbook. As a member of a school athletic team representing Collinsville High School, I agree to conduct my behavior in accordance with the provisions of the Disciplinary Code or suffer the consequences as outlined. I understand the school is not liable for any injuries that may be received while this student is participating in student athletics. I further consent to any treatment deemed necessary by a licensed physician designated by the person in charge, for any illness or injury resulting from participation in student activities. Every effort will be made to contact parents or guardians and to follow instructions on the emergency card for this student.

I HAVE READ AND UNDERSTAND THESE CODES FOR THE CONDUCT OF STUDENTS PARTICIPATING IN STUDENT ATHLETICS AND GRAND APPROVAL FOR THE ABOVE STUDENT TO PARTICIPATE IN CHS ATHLETICS.

I DO NOT GRANT APPROVAL FOR THE ABOVE STUDENT TO PARTICIPATE IN CHS ATHLETICS.

PARENT/GUARDIAN INITIALS _____

STUDENT INITIALS _____

PUBLICITY RELEASE FOR CUSD WEB SITE

I grant permission to the Collinsville Community Unit School District No. 10 to publish the achievements (honors, awards, sport statistics, team memberships--rosters, etc.) of my son/daughter on Collinsville Community Unit School District No. 10 official web site (www.kahoks.org).

PARENT/GUARDIAN INITIALS _____

STUDENT INITIALS _____

REJECTION OF STUDENT INSURANCE FOR ATHLETIC COMPETITION

I have private medical/hospital insurance: YES NO

I will be purchasing student medical or football insurance offered by the Board of Education: YES NO

Because my child is adequately covered by comparable, individually owned insurance or protection, by medical coverage of the United States, I reject available school insurance and request that my child _____ be allowed to participate in athletics without being covered by insurance. In the event, my child may be injured while participating in school athletics thereto. I release Collinsville Unit District No. 10 from liability.

Signature of Parent/Guardian of Above-Named Child

Date