

NEW BERLIN SCHOOLS

ATHLETIC PARTICIPATION AGREEMENT

PARENT AGREEMENT:

My signature below verifies that I have received/viewed a copy, understand, and had a chance to ask questions about the **New Berlin Schools Athletic & Extracurricular Code of Conduct Policies, Concussion Information Sheet, CUSD #16 Drug Testing Consent (HS Only), and IHSA Steroid Policy (HS Only)**. We agree that student/athletes selected to participate in the athletic program at New Berlin CUSD #16 are to follow the rules in this Athletic Policy and any additional rules the coach has approved by the Athletic director and/or building principal. I agree to support my child's adherence to the athletic code. I will support the coaching staff, athletic director, and administration if it is determined that my child has broken the athletic code in any way. Our child has our permission to take part in activities in the New Berlin School District. The school will take reasonable care and precaution to prevent any accidents, but the schools, teachers, or coaches are not responsible if any accident should occur in practice or games. We understand that participation in any extracurricular activity or sport is voluntary and a privilege and not an exclusive right in the New Berlin School District. Anyone abusing this privilege may lose it.

STUDENT AGREEMENT:

My signature below verifies that I have received/viewed a copy, understand, and had a chance to ask questions about the **New Berlin Schools Athletic & Extracurricular Code of Conduct Policies, Concussion Information Sheet, CUSD #16 Drug Testing Consent (HS Only), and IHSA Steroid Policy (HS Only)**. I agree to follow the athletic code and understand that if I violate any part of the code, I will be subject to the penalty specified.

INSURANCE WAIVER:

We also understand that my child must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as a student in the New Berlin School District during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year. **(Please attach a copy of your insurance card)**

Name of Insurance Company _____ Policy/Group # _____

Address of Insurance Company _____

SIGNATURES:

School Year: _____

Student Name: _____ Grade: _____

Student Signature: _____

Parent Name: _____

Parent Signature: _____ Date: _____