KANE AREA SCHOOL DISTRICT
ATHLETIC PARTICIPATION PERMISSION FORM
2025-2026

Student's Name _____ Date of Birth _____
Grade for the **2025-2026** school year _____
Circle All Years Participated in This Sport INCLUDE the 2025-2026 grade:

FOOTBALL 7 8 9 10 11 12	SOCCER 7 8 9 10 11 12	GOLF 9 10 11 12	VOLLEYBALL 7 8 9 10 11 12	CROSS COUNTRY 7 8 9 10 11 12
BOYS' BASKETBALL 7 8 9 10 11 12	GIRLS' BASKETBALL 7 8 9 10 11 12	WRESTLING 7 8 9 10 11 12	INDOOR TRACK 7 8 9 10 11 12	CHEERLEADING 6 7 8 9 10 11 12
BASEBALL 9 10 11 12	SOFTBALL 9 10 11 12	TRACK 7 8 9 10 11 12		

CERTIFICATION OF PHYSICAL FITNESS

All students participating in the athletic program must have a physical examination given by a medical doctor, osteopath or nurse practitioner *each* sport season. No athlete will be permitted tryout, practice or compete without a physical examination.

I certify that my son/daughter, _____, has no injuries, illness or other physical problem that would prohibit his/her participation in athletics.
Parent/Guardian _____ Date _____

INSURANCE VERIFICATION

The district is not liable for injuries incurred in school or the sports program. All financial responsibility arising from such injuries shall be assumed by the parent/guardian. For this reason, all athletes participating in any of the interscholastic sports or cheerleading are encouraged to purchase the insurance coverage made available by the district if they do not have personal or family health insurance coverage. The district does purchase *excess* coverage for athletes in grades seven through twelve who participate in interscholastic athletics.

Student is covered by:
Policy No._____ Written by_____
Date _____ Parent/Guardian_____

Insurance Waiver:
We do not choose to obtain the student insurance made available through the district because our son/daughter is insured:
Date _____ Parent/Guardian_____

I have thoroughly read and understand the rules, regulations and risks pertinent to athletic participation (found online, paper copy available upon request) and agree to allow my son/daughter, _____ to take part in the sports of_____under said conditions. I also give my permission for him/her to participate in any travel associated with the sports as authorized by the district administration.

I also give permission to school district personnel to render first aid and seek medical attention when necessary.
Emergency telephone numbers where I can be reached are_____

I also give my permission for the district magistrate or police to alert the principal of arrests involving my son/daughter that may be in violation of these regulations.

PARENT/GUARDIAN SIGNATURE_____DATE_____

I have thoroughly read and understand the rules, regulations and risks pertinent to athletic participation and agree to abide by and support said conditions. (found online, paper copies available upon request)

ATHLETE SIGNATURE_____DATE_____