

Sport: \_\_\_\_\_  
Amount \_\_\_\_\_  
Ck. \_\_\_\_\_ Cash \_\_\_\_\_

**SUMMER ATHLETIC REGISTRATION**

**2009**

**WILLOWBROOK HIGH SCHOOL  
PARENT/STUDENT CONSENT FORM**

Write name of all sports in which you will be participating. Please circle sport and grade on back.  
Summer: \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Age \_\_\_\_\_

Year in School: Fr. So. Jr. Sr. Other (Please Circle)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Father's Name and Address \_\_\_\_\_

Mother's Name and Address \_\_\_\_\_

**NON-WILLOWBROOK STUDENT INSURANCE INFORMATION**

It is the responsibility of the parent/guardian to provide family insurance coverage for their student's participation in athletics. Furthermore, I understand that School District #88 does not assume financial responsibility for accidents incurred in athletics/activities.

**WILLOWBROOK STUDENT INSURANCE INFORMATION**

DuPage High School District #88 has purchased Student Accident Insurance Coverage for all Willowbrook students. This program provides coverage for students for any injuries incurred while participating in school sponsored and/or supervised activities, including athletics. If students have other insurance coverage, District 88 coverage is secondary.

**EMERGENCY MEDICAL INFORMATION**

If I can not be reached and if in the judgement of school authorities immediate medical attention is indicated, I authorize responsible school personnel to send my child to an available doctor/ hospital.

Doctor Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Person to notify if you are not available: Name \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/STUDENT CONSENT**

I am familiar with and have received and read the School District #88 Student Code of Conduct and the Illinois High School Association information summarizing rules and regulations regarding athletic eligibility and participation.

I hereby give \_\_\_\_\_ permission to participate in the above listed sports.

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Student \_\_\_\_\_