

**SANDOVAL COMMUNITY UNIT SCHOOL DISTRICT #501  
ATHLETIC/ACTIVITY AGREEMENT**

This is to certify that my son/daughter, \_\_\_\_\_,  
(student’s name)

has my permission to participate in athletics/activities at Sandoval Community Unit School District #501. By giving permission for my son/daughter to participate in athletics/activities, I understand that I give the Sandoval Unit School District Unit #501 full waiver of responsibility of the risks involved.

.....

I, \_\_\_\_\_, have received, read, and fully  
(student's name)

understand the contents of the Sandoval Community Unit School District #501 Athletic/Activity Handbook. I realize that by signing this document I agree to comply with all the provisions of the athletic/activity handbook. I understand that the athletic/activity handbook requires participants in extracurricular activities to conduct themselves at all times, including after school and on days when school is not in session, and whether on and off school property, as good citizens and exemplars of their school. It is further understood that the terms of this agreement are effective throughout the calendar year. I also understand that failure to comply with all the provisions will result in consequences that are included in this athletic handbook and any other district rules and policies.

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My son/daughter has insurance coverage by a policy purchased through the school district: yes / no (circle one)

My son/daughter has insurance coverage by a policy through a parent(s)/guardian(s) insurance plan: yes / no (circle one)

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

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Please return this form to the coach, sponsor, or athletic director.

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

Parental/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_