

Unity Athlete Waiver/Parent Permission Form

Name _____ Address _____

Date of Birth _____ Date of Physical _____

Age _____ Class _____ Height _____ Weight _____

Place of Birth _____ County _____

Parent/Guardian Father _____ Mother _____

Parent Phone _____ Parent e-mail _____

In Case of Emergency Contact _____

Relationship _____ Phone _____

Do you have any special medical problems/medicine? _____

If so, please explain:

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Do you have school insurance? _____

Family Insurance and Policy Number _____

RELEASE OF ALL CLAIMS

In consideration of the permission granted to my child by Community Unit School District No. 4, Mendon, Illinois to participate in _____ (name of sports) during the 2024-2025 school year, I hereby release and discharge Unity High School and Middle School, its agents, employees, and officers from all claims, demands, and actions which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrators, or assigns may have, or claim to have against Unity High School and Middle School for all personal injuries, known or unknown, and injuries to property caused by, or arising out of, the above-described sports activity. I further acknowledge that I have adequate medical insurance to cover any medical costs relating to injury or accident arising from participation in the above sports activity.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Date: _____ Parent/Guardian Signature _____

AUTHORIZATION FOR MEDICAL TREATMENT

In case of injury to my child, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, e-ray, examinations, and immunizations. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, I hereby authorize the treatment necessary for the best interest of my child.

Date: _____ Parent/Guardian Signature _____