

**KANELAND HIGH SCHOOL ATHLETIC DEPARTMENT INSURANCE
INFORMATION FORM**

ATHLETE NAME: _____ YEAR: 9 10 11 12

PARENT'S NAMES: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE: _____ PHYSICAL DATE: _____

DATE OF BIRTH: _____ COUNTY/STATE OF BIRTH: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY NUMBER: _____

I GIVE PERMISSION TO SECURE EMERGENCY MEDICAL TREATMENT
FOR MY CHILD:

YES _____ NO _____

CIRCLE SPORTS

FALL Cross Country Football Tennis Golf Volleyball Boys Soccer

WINTER Basketball Bowling Wrestling

SPRING Track Softball Baseball Girls Soccer Pom Pons Cheerleading

It is with my full knowledge and consent that my athlete, _____, participates in interscholastic athletics under the guidance of a certified coach of District 302. I accept the fact that the coaches and administration will not be responsible for any practice my athlete may do outside of the school athletic program.

Kaneland CUSD #302 has purchased student accident insurance for all students involved in interscholastic sports. This insurance (with certain exclusions) is considered secondary (excess) coverage to the student's primary insurance. Lacking primary accident insurance, this insurance is considered primary.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____