

**KANELAND HARTER MIDDLE SCHOOL ATHLETIC DEPARTMENT INSURANCE
INFORMATION FORM**

ATHLETE NAME: _____ YEAR: 6 7 8
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 Volleyball
WINTER Boys' Basketball Girls' Basketball Wrestling
SPRING Track

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: _____