

**McKinley Monarchs  
Interscholastic Participation  
PERMISSION SLIP**

Please check the appropriate grade for the current school year:

\_\_\_6<sup>th</sup> Grade      \_\_\_7<sup>th</sup> Grade      \_\_\_8<sup>th</sup> Grade

\_\_\_\_\_ has my permission to participate in interscholastic \_\_\_\_\_. I know of nothing that would physically prohibit my son/daughter from safely participating in the MJHS interscholastic activities program. **In addition, I realize, a physical will have to be acquired from a licensed physician before the first scheduled interscholastic competitive game, unless a current physical examination is on file in the school office or with our school nurse. (Physical examinations are valid for exactly one calendar year.) A current emergency information form is also required prior to competition.**

Due to the demands for the use of the gymnasiums by other school teams and organizations, I am aware that not all practices may occur immediately after school. Some practices may be held in the morning before school, in the early evening, Saturdays, and other non-school days. Additionally, I am aware, practices may occur in any of the district's gymnasiums on a rotating schedule.

I understand that our teams compete in the Cal-Ridge Conference, and competition between the conference schools subjects our Monarchs teams to competitive demands that may conflict with playing time equity. There is a concerted effort toward winning. If playing time equity is an important consideration to you and your child, may we suggest a local park district program? The park district program, by nature, is less competitive and therefore better suited to provide playing equity to all participants.

Since \_\_\_\_\_ is an activity involving physical exercise and movement, I understand that there is some risk of injury. Such injuries may include, but are not limited to, abrasions, sprains and muscle strains. I further realize that South Holland School District #150 does **not** carry student accident insurance nor does it self-insure for such occurrences, and I will take full responsibility for any injuries that may occur.

Finally, South Holland School District #150 board policy 7:300 reads. **"...The student must show proof of accident insurance coverage..."**

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

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

Your signature below signifies your understanding of and compliance with this policy.

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

\_\_\_\_\_  
Date