

FALL SPORTS

No Cut Sport

FOOTBALL BOYS or GIRLS CROSS COUNTRY GIRLS SWIMMING

**BEFORE YOU CAN START PRACTICE FOR THESE SPORTS,
YOU MUST HAVE AN EQUIPMENT ISSUE CARD.**

**TO RECEIVE THE EQUIPMENT ISSUE CARD YOU MUST TURN IN THE FOLLOWING TO
THE ATHLETIC DEPARTMENT:**

1. **Attach** a copy of Physical exam dated no earlier than 11/30/07.
2. Either - A) a completed and signed insurance waiver form
OR
B) proof of coverage by school insurance
3. A signed parent/student approval form which confirms your compliance with the McHenry High School Athletic Code.
4. **Pay your \$100.00 sport fee.** When this fee is paid you will receive the yellow copy of the Equipment Issue Card to take to your coach. **Checks should be made payable to McHenry High School.**

Please complete the following information and bring it with you when you come for your Equipment Issue Card.

Name: _____ Grade: _____

Address: _____

Do you live with both parents: YES NO (please circle one)

If NO, please list who: _____

Date of Birth: _____ County of Birth: _____

Home Phone #: _____ Emerg Phone #: _____

Campus: _____ Sport: _____

This will be my 1st 2nd 3rd 4th year in this sport (high school) (please circle one).

Physical Date: _____

Method of Payment: Cash \$ _____ Check# _____ M.O. _____

PLEASE COMPLETE AND SIGN THE TWO FORMS PROVIDED BELOW

McHenry Community High School
Parent-Student Approval

I have read and understand the rules and regulations stated in the Athletic Handbook.

STUDENT

As a member of the athletic program representing McHenry Community High School, I agree to conduct myself in accordance with the provisions set forth in the Athletic Handbook.

Signed _____ Dated _____

PARENT

As a parent of a member of the McHenry Community High School athletic program, I approve of the contents of the Athletic Handbook and will help my son/daughter to maintain its standards.

Signed _____ Dated _____

McHenry Community High School - District #156
McHenry, Illinois 60050

INSURANCE WAIVER FORM

To the Board of Education:

We the undersigned, hereby request that _____, age _____,
be permitted to participate in the _____ program representing
McHenry Community High School during the _____ school year.

Upon approval of this request we agree:

1. To obtain and carry in force and effect hospitalization; medical and accident insurance covering the above named student and to furnish to you within 10 days after approval of the request names of insurance companies, policy and/or numbers and amount of insurance, where applicable.

2. Name of insurance coverage now in effect:

Company Name _____ Policy Number _____

Company Address _____

Signed:(Father) _____ (Mother) _____

SPECIAL NOTE: BOTH PARENTS AS LEGAL GUARDIANS MUST SIGN.
(If either parent is deceased, please indicate.)