

**EXHIBIT - AGREEMENT TO PARTICIPATE**

Each student **and** his or her parent/guardian must read and sign this **Agreement to Participate** each year **before being allowed to participate** in ~~ee-extra~~curricular athletic activities.  
The completed Agreement is to be returned to the Athletic Director.

**INSTRUCTIONS: PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED.**

**Student Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Number Street State Zip

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Number Street State Zip

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Number Street State Zip

Phone No.: \_\_\_\_\_ Alt. Phone No. 1: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Phone No. 2: \_\_\_\_\_

**Medical Information**

Physician's Name: \_\_\_\_\_ Hospital Choice: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Number Street State Zip

Phone No.: \_\_\_\_\_

List all of student's known medical conditions, including food allergies and/or drug allergies:

---

---

List all medications, whether prescription or over-the-counter, the student is currently taking:

---

---

**Insurance Information** (Board Policy 7.300 requires each student to provide proof of accident insurance coverage.)

Primary Insurance Carrier: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Number Street State Zip

Phone No.: \_\_\_\_\_ Alt. Phone No. 1: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_  
First Middle Last

Relationship to Student: \_\_\_\_\_ Group/Policy # \_\_\_\_\_ ID # \_\_\_\_\_

Student wishes to participate in the ~~co~~-extra-curricular athletic activities circled below (circle all co-curricular athletic activities that student may participate in during the entire school year):

Baseball  
Basketball  
Cheerleading  
Cross Country  
Dance  
Football  
Golf

Lacrosse  
Soccer  
Softball  
Swimming  
Tennis  
Track  
Volleyball

Wrestling

Identify other ~~co~~-  
extracurricular activities:  
\_\_\_\_\_

(Another form must be signed if the student later decides to participate in another ~~co~~-extra-curricular athletic activity not circled above).

**Acknowledgments**

I/We acknowledge reading the eligibility rules of any group or association sponsoring any ~~co~~-extra-curricular athletic activity in which I participate and I agree to abide by them. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.

I/We acknowledge that before the student is allowed to participate, I/We must: (a) provide the District with a certificate of physical fitness (Exhibit 7.100-E1, *State of Illinois Certificate of Child Health Examination*, and Exhibit 7.300-E2, *IHSA/IESA Preparticipation Physical Evaluation* serve this purpose), (b) show proof

Adopted: August 24, 2011  
Reviewed: ~~April 2024~~December 2025  
Amended: May 15, 2024

of accident insurance coverage, and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, **IHSA Sports Medicine Acknowledgment & Consent Form, Acknowledgement and Consent.**

I/We acknowledge that the ~~ee-extra~~curricular athletic activities identified above involve physical activity, that there are certain known and unknown risks which could result in physical or emotional injury, that the degree of risk varies significantly from one athletic activity to another with contact athletics carrying the highest risk, and that student participation in said athletic activities is purely voluntary.

I/We understand that Board Policy 7.305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches, physician assistant, treating advanced practice registered nurse, or a certified athletic trainer working under the supervision of a physician

### **Travel Acknowledgments**

Students must utilize school transportation to and from all ~~ee-extra~~curricular athletic activities for which transportation is provided unless permission is given by the coach or activities sponsor to ride home with a parent/guardian or an individual authorized in advance by a parent/guardian to provide transportation. Parents/guardians may designate with the athletic director adult individuals who are authorized to provide transportation home from athletic activities. For these events, parents of the student may transport their student only if specific arrangements are made in advance with the activity sponsor. Transportation may not be provided in some instances. These instances ~~would could~~ include, but not be limited to: practices, athletic contests, music events or club activities held within the Bloomington-Normal area when it is deemed more practical for the students to meet the coach or sponsor at the site. In these cases, it will be the responsibility of the parent to arrange safe transportation.

I/We acknowledge that there are certain known and unknown risks associated with travel to any event related to the ~~ee-extra~~curricular athletic activities identified above, whether inside or outside of the United States of America, which could result in physical or emotional injury or damage to persons or property, including, but not limited to, increased risk of disease or being the victim of a criminal act.

### **SOPPA Acknowledgments**

The District contracts with different educational technology vendors for beneficial K-12 purposes such as providing personalized learning and innovative educational technologies, and increasing efficiency in school operations. The Student Online Personal Protection Act (SOPPA)(105 ILCS 85/), is intended to ensure that student data collected by educational technology vendors, called "Operators", is protected, and it requires those vendors, as well as school districts and the Ill. State Board of Education, to take a number of actions to protect online student data. "Operator" is defined under SOPPA as the operator of an Internet website, online service, online application, or mobile application with actual knowledge that the site, service, or application is used primarily for K through 12 school purposes and was designed and marketed for K through 12 school purposes. These include sites, services, and applications such as "8 to 18", "Remind", and "BAND". "Operator" does not include online sites, services, and/or applications not designed, marketed, and primarily used for K-12 school purposes. These include sites, services, and applications such as "GroupMe", "Team Snap", or "GameChanger".

Depending upon the particular educational technology being used, the District may need to collect different types of student data, which is then shared with Operators through their online sites, services, and/or applications. Under SOPPA, Operators are prohibited from selling or renting a student's information or from engaging in targeted advertising using a student's information. Operators may only disclose student data for K-12 school purposes and other limited purposes permitted under the law.

I/We acknowledge that sites, services, and applications that are not "Operators", are not subject to SOPPA and will not be required abide by the SOPPA protections for student data.

### **Video Streaming and Broadcasting Acknowledgments**

I/We acknowledge that ~~co-extra~~curricular athletic activities are open to the public and may be recorded, live-streamed, or broadcast without my knowledge or consent. I/We further acknowledge the videos or broadcasts of ~~co-extra~~curricular athletic activities are not "education records" or "school student records" as those terms are defined under the Family Educational Rights and Privacy Act (FERPA)(20 U.S.C. 1232g(a)(4)(A)) or the Illinois School Student Records Act (ISSRA)(105 ILCS 10/).

### **Assumption of Risk**

In consideration of the above acknowledgments, I/We accept and assume all of the risks arising out of or in any way connected with the student's participation in the ~~co-extra~~curricular athletic activities identified above or travel associated with any event related to the ~~co-extra~~curricular athletic activities identified above.

### **Release and Indemnification**

In consideration of said acknowledgments, I/We do hereby agree to release, discharge, reimburse, indemnify and hold harmless Community Unit School District No. 5, McLean and Woodford Counties (the "District"), Illinois, its agents, officers, employees, and volunteers from any loss, claim, demand, damage, cost or other liability whatsoever, whether caused by the negligence of the District, its agents, officers, employees, volunteers, or otherwise, arising out of or in any way connected with the student's participation in the ~~co-extra~~curricular athletic activities identified above or travel associated with any event related to the ~~co-extra~~curricular athletic activities identified above. Should it become necessary for the District, or anyone acting on its behalf, to incur any costs or expenses, including attorney's fees and court costs, to enforce this Agreement, or in connection with any loss, claim, demand, damage, cost or other liability for which indemnification is provided by this Agreement, I/We agree to indemnify and hold them harmless for all such costs and expenses.

### **Medical Authorization**

I/We, the undersigned student and parent(s) or legal guardian(s) of the student, recognize that in the event of a medical emergency, I/We may not be available to authorize medical treatment and/or care of the student. I/We hereby give consent to the District, its agents, officers, employees, and volunteers ("Agents") to act in my/our place in my/our absence and to authorize emergency medical treatment and/or care to the student, at my/our sole expense, including, but not limited to, diagnostic procedures, treatment procedures, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. It is intended that this Agreement be presented to the physician or appropriate hospital or medical representative at such times as medical treatment and/or care is provided to the student. I/We hereby agree to release, discharge, reimburse, indemnify and hold harmless the District, its agents, officers, employees, and volunteers from any loss, claim, demand, damage, cost or other liability whatsoever, arising out of or in any way

Adopted: August 24, 2011  
Reviewed: ~~April 2024~~December 2025  
Amended: May 15, 2024

connected with medical treatment and/or care provided to the student. I further accept full responsibility for and agree to be billed for any and all costs associated with medical treatment and/or care provided the student.

|                  |                          |
|------------------|--------------------------|
| _____<br>Student | _____<br>Parent/Guardian |
| Date: _____      | Date: _____              |
|                  | _____<br>Parent/Guardian |
|                  | Date: _____              |

**WITNESSED:**

I am at least 18 years old, and (check one of the options below):

- ☐ I saw the parent(s)/legal guardian(s) sign this document, or
- ☐ The parent(s)/legal guardian(s) told me that the signature or mark on the principal signature line is his or hers.

I am not an Agent named in this document. I am not related to the student, the parent(s)/legal guardian(s), or an Agent by blood, marriage, or adoption. I am not the student's or parent(s)/legal guardian(s) physician, mental health service provider, or a relative of one of those individuals.

I am not an owner or operator (or the relative of an owner or operator) of the health care facility where the student is a patient or resident.

|                            |             |
|----------------------------|-------------|
| _____<br>Witness Signature | Date: _____ |
|----------------------------|-------------|

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Address