



# YMS Athletic Participation Requirements

1. Information sheet completed and signed by both student and parent.
2. Emergency Medical Authorization completed.
3. A current physical signed by a physician stating the athlete is in sound health. According to IESA rules a current physical is good for 13 months.
4. An athlete must comply with all rules and regulations of the Illinois Elementary School Association (IESA) and Yorkville School District 115.
5. A student cannot fail any subjects. If he/she is on the weekly eligibility check, the athlete will be ineligible for the next week.
6. An \$80.00 USER FEE for football and an \$65.00 USER FEE for all other sports must be paid to the athletic office prior to the first scheduled contest of each sport. It shall be understood that payment of fees does not guarantee athletic participation. If an athlete drops or is removed from a program, such fees paid shall not be reimbursed.

**Thank you for your cooperation and we look forward to this athletic season.**

**YORKVILLE MIDDLE SCHOOL  
ATHLETIC / MEDICAL EMERGENCY INFORMATION**

**Please Print**

This form must be made available to each coach at all practices and contest for each team member to ensure proper medical treatment by physicians or hospital in the event of serious injury.

Athlete's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Level: 6 7 8 Sex: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street, City and Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do both parents live within District #115? Yes \_\_\_\_\_ No \_\_\_\_\_

School attended last year \_\_\_\_\_

**List the sports the above named athlete wants to participate in for the year:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and / or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

Preferred physician: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

\_\_\_\_\_  
Signed (Parent or Guardian)

\_\_\_\_\_  
(Date)

EMERGENCY CONTACT: (In the event the parent's cannot be contacted)

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to student/athlete \_\_\_\_\_

**List any medical conditions or medicine your child takes:**

**YORKVILLE MIDDLE SCHOOL  
DISTRICT #115  
INSURANCE WAIVER**

I hereby certify that \_\_\_\_\_ has insurance  
Name of student

Coverage for any injuries that may occur through participation in the sports programs of Yorkville Community District #115.

Said coverage is provided for under:

Policy # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Termination Date (if any) \_\_\_\_\_

I hereby agree to waive any coverage that may be otherwise provided through the insurance program of the Yorkville Community District #115 for the school year . I understand that insurance is provided only to those students who purchase the district's regular Student Accident Insurance program.

I do not wish to purchase insurance for my child under Yorkville Community District #115 insurance program. I further agree that I will hold harmless Yorkville Community District #115 for any expense that may accrue as a result of any injury to my child while participating in the said district's sports program.

\_\_\_\_\_  
Parent/Guardian's Signature

**ATHLETIC WAIVER**

I hereby give permission for my son/daughter, \_\_\_\_\_, to participate  
Name of Student

in interscholastic athletics at Yorkville Middle School. I understand that he/she is to abide by the rules in the Yorkville Middle School Athletic Code of Ethics handbook. By nature, athletic participation has some inherent danger, and I understand this and realize that our son/daughter could potentially receive an injury.

Student/Athlete \_\_\_\_\_  
Print Name Signature Date

Parent(Guardian) \_\_\_\_\_  
Print Name Signature Date

I grant permission for Yorkville Middle School to publish the name of my son/daughter and/or picture on the Yorkville High School athletic web page.

Parent(Guardian) \_\_\_\_\_  
Print Name Signature Date