



CLUB SPORTS PARTICIPATION CONSENT

Club Sports are offered by the schools in an effort to promote and develop the interests and/or skills of their members in a particular sport. Clubs may be instructional, recreational, and/or competitive. While some compete with other high schools and clubs throughout the country, others may participate solely in local contests. Some clubs are individually-oriented while others are team-oriented. Club sports differ from Interscholastic Athletics, and do not offer the same benefits in medical or insurance coverage, and are not eligible for league championships.

To the Principal of: _____
Name of School

STUDENT INFORMATION: _____
NAME AS IT APPEARS ON BIRTH CERTIFICATE GRADE

DATE OF BIRTH AGE ON JULY 1st SCHOOL YEAR

RESIDENCE: _____
STREET ADDRESS

HOME PHONE: _____ 2nd PHONE: _____

CLUB SPORT PARTICIPATION PERMISSION

Participation in club sports may result in severe injury, including paralysis, or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but is impossible to totally eliminate such occurrences from athletics. I hereby give my consent for the above-named student to represent his/her school in athletic activities, including team travel for local or out-of-town trips:

NAME OF CLUB SPORT

STATEMENT: Prior to participation in club sports and/or trips, all students (18 years of age or older) and the parents/guardians of minor student athletes who seek to participate in such programs and or trips, are required to sign this form and are deemed to have waived all claims against the DC Public Schools, its employees, and the District of Columbia for any injury, accident, or illness occurring during or by reason of participation in a club sport program and/or trip. I accept the responsibility to inform the school of any future change of this information. Students participating in athletic competitions may be photographed during the competition.

I further understand that participation in club sports does not come with the same entitlement as interscholastic athletics, as it pertains to medical and insurance coverages.

I have read this form and understand the rules contained herein, and the information supplied is true and correct to the best of my knowledge.

STUDENT'S SIGNATURE

DATE

**SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Relationship to Student

Home/Work Telephone

Cell Phone or Alternate Number

() I am/my child is covered by Medical Insurance

() I am not/my child is not covered by Medical Insurance