

**Athletic & Student Activities Handbook Acknowledgement  2020-2021**

The Marion Unit 2 Athletic & Student Activities Handbook is available online at [www.marion](http://www.marion)athletics.com (Forms – 2020-2021 Athletic Handbook link). You may also request a hard copy from the Athletic Directors office at the High School.

I consent that I have read and agree with the following procedures and guidelines as outlined in the Marion Unit 2 Athletic & Student Activities Handbook.

No student will be allowed to compete or perform until the acknowledgement form is signed and returned to the Athletic Secretary's office.

Parent/Guardian and Student, please initial to indicate that you have read and agree to the following in the Athletic & Student Activities Handbook:

Parent   Student

\_\_\_\_\_    \_\_\_\_\_  Wildcat Creed:  Student Participant’s Pledge; Page 21

\_\_\_\_\_    \_\_\_\_\_  School Athletic/Activity Insurance Statement; Page 22

\_\_\_\_\_    \_\_\_\_\_   Extracurricular Activity Medical Consent; Page 23

\_\_\_\_\_    \_\_\_\_\_   Athletic Practice Travel Permission Slip; Page 24

\_\_\_\_\_    \_\_\_\_\_   IHSA Rules; Pages 25-31

\_\_\_\_\_    \_\_\_\_\_   IHSA Performance-Enhancing Substance Testing; Page 32

\_\_\_\_\_    \_\_\_\_\_   Concussion Information; Page 33-38

\_\_\_\_\_    \_\_\_\_\_   Student Participation Fee; Page 39

\_\_\_\_\_    \_\_\_\_\_   Parents Code of Ethics; Page 40

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Students Signature                     Date        Students Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature            Date        Parent/guardian Printed Name

Parent/Guardian Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Information:

Name of Own Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Family Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are interested in additional student accident insurance please go to the following link:

<https://www.wcsit-isda.com/sa>