



Dieterich Jr. /Sr. High School

108 W. Church Street

Dieterich, IL 62424

Parental Consent for Extra Curricular Activity

I give permission for _____ to participate in the following activities:
(Student Name)

JH Baseball	JH Basketball	JH Volleyball	JH Cheer	JH Scholarbowl
HS Baseball – Fall	HS Basketball	HS Volleyball	HS Cheer	HS Scholarbowl
HS Baseball - Spring	HS Softball	HS Cross Country	HS Dance	

Date _____ Parent Signature _____

Proof of Insurance 2016-2017

By filling out and signing this form, the parent(s)/guardian(s) are stating that the student and/or student athlete is covered by insurance. **Reminder:** All student athletes must be covered by insurance before they can play or practice in a school sponsored sport.

Please print legibly in ink.

Student Name _____ Date of Birth _____

Male ___ Female ___ Social Security # ___ - ___ - ___ Phone _____

Home Address _____ City _____ Zip _____

Father/Guardian's Name _____ Work Phone _____

Mother/Guardian's Name _____ Work Phone _____

Primary Health Insurance Company _____

Name of Policy Holder _____

Employer's Name _____ Group ID # _____

Policy ID # _____ Coverage under ___ Self ___ Parent/Guardian

If the student is covered by more than one policy, provide the additional information on the bottom of this form.

Date _____ Parent Signature _____