

Havana Community Unit School District Extra-curricular Compliance Agreement

I understand and agree to conduct myself in accordance with the conditions of the Havana Community Unit School District's Extra-Curricular Code of Conduct and The Spectator/Fan Code of Conduct.

Date

Student Signature

I approve of my son's/daughter's participation in the Havana Community Unit School District's athletics/activities program, and I also approve of the conditions of the Havana Community Unit School District's Extra-Curricular Code of Conduct and the IHSA Eligibility Rules. I also agree to comply with Havana School District's Spectator/Fan Code of Conduct. If a student has multiple parents or multiple guardians, then all have to sign for the student to be able to take part in Havana Community Unit School District's athletics/activities programs.

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

***Havana Community Unit School District's Extra-Curricular Code of Conduct is published in the Student Handbook, which is on the school's website at <http://havanahs.weebly.com/>. The Havana Community Unit School District's Spectator/Fan Code of Conduct is published on the district's webpage at <http://havana126.weebly.com/>. If you would like a paper copy, then you may request one from the administrative office.

Medical Authorization

To Whom it May Concern:

I, the undersigned, being the parent or legal guardian of _____ do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treatment facility by a teacher, coach, teacher's aide, Board of Education approved volunteer, principal or any member of Havana Unit School District #126 Board of Education.

Further, should the attending physician determine after examining that life-saving surgery or other life-saving procedure may be necessary, permission is hereby extended to the above parties to grant the same.

Additionally, I agree to hold harmless such personnel and the Havana Community Unit School District Board of Education by my actions of granting said permission.

Date

Signature of Parent or Legal Guardian

Home Phone: _____ Print Name: _____

Work Phone: _____ Address: _____