WEST NORTHFIELD SCHOOL DISTRICT NO. 31
3131 Techny Road, Northbrook, Illinois 60062
847.272.6880 FAX 847.272.4818 www.dist31.k12.il.us

INTERSCHOLASTIC AUTHORIZATION FORM

Field Middle School
2055 Landwehr Road
Northbrook, IL 60062
847.272.6884

Please Check [√] The Interscholastic Sport Your Son/Daughter Has Permission To Participate In At Field Middle School.
(Check All That Apply)

☐ **ALL** ☐ Volleyball ☐ Soccer ☐ Cross Country
☐ Cheerleading ☐ Basketball ☐ Track & Field ☐ Softball

Parent/Guardian:
*Prior to allowing his/her participation **(including tryouts)**, please complete the following and have your child return it to the school office.*

If your child is selected for a team(s), a full season commitment is expected on his or her part.

Thank you,
Field School Coaches & Administration

Student_____ ☐ Male _____ _____
Last First Middle Initial ☐ Female Date of Birth Grade

Address_____ Phone_____

Student Lives With: ☐ Mother ☐ Father ☐ Other/Specify_____

Name	Father	Mother
Day Time Phone	( )_____	( )_____
Cell Phone	( )_____	( )_____
Pager	( )_____	( )_____

If I cannot be reached, the following people have my permission to pick up my child:

Name	Relationship	Phone
1. _____	_____	( )_____
2. _____	_____	( )_____
3. _____	_____	( )_____

To the best of my knowledge there is no physical condition that could cause my son/daughter to be endangered by participation in interscholastic sports. I understand it is my responsibility to be sure my child is insured for accidents that may occur as a result of participating in District 31 athletics or cheerleading. District 31 assumes no financial responsibility for such accidents. Questions regarding student accident insurance should be directed to the Director of Business Services at 847-272-4880. Athletes will be responsible for all equipment issued and used.

I authorize the school to administer First Aid to my child. In an emergency situation, if I or my emergency contacts cannot be reached, I authorize the school to take such emergency measures as are necessary, including having the police/fire department transport my child to the nearest hospital. I agree to assume all responsibility and expenses incurred.

_____ _____
Parent/Guardian Signature Date