

PLAINFIELD EAST HIGH SCHOOL STAFF VS. STUDENTS BASKETBALL GAME PARTICIPATION AND PERMISSION

The Staff vs. Students Basketball game will take place on Thursday, March 21st, beginning at 6:00pm.

The night will begin with an all-student game. Freshmen and sophomores will face juniors and seniors for one 20-minute play period. The winner of this game moves on to face the staff at 6:30pm. The staff vs. students game will be two 15-minute halves.

In order to allow fair participation on the court, we need to limit the amount of players on each team. **Therefore, spots will be filled on a first-come, first-served basis. The first students to turn in complete permission slips, order forms, insurance waivers, AND payment DIRECTLY to Ms. Ott in Room 408 will be the ones guaranteed a spot in the event. Teams will be selected in the direct order that materials are turned in.** We will place two students of each grade level onto a waiting list, in case of last minute cancellations. If the spots are full, we will return your payment.

NO PERMISSION SLIPS WILL BE ACCEPTED AFTER THURSDAY, FEBRUARY 28.

If selected for the event, there may be a meeting and/or practice set in place by the volunteer coaches. It will be your responsibility to attend this, if you would like guaranteed playing time.

Customized T-Shirts will be ordered for this event. The cost to participate is \$15, in order to cover the price of the apparel. Because they will be customized with personal names and player numbers, **your payment will be non-refundable once the team has been selected and the order has been placed,** even if you can no longer participate.

GRADE (circle one) 9 10 11 12

Student ID #: _____ Full Name: _____

Please check the following boxes to agree to our terms and conditions.

- I understand that submitting these forms does not guarantee my spot in this event.
- I understand that if selected, I must attend a meeting and/or practice set in place by volunteer coaches.
- I understand that if selected, my money is non-refundable, as customized T-Shirts will be ordered for the event. I also understand that my payment will be returned if spots are full.
- I understand that signing this permission slip symbolizes my agreement to follow all aspects of the Plainfield East High School code of conduct throughout the duration of this event and its preparations.

Student Signature

Parent/Guardian Signature

Parent/Guardian Phone Number

PLAINFIELD EAST HIGH SCHOOL STAFF VS. STUDENTS BASKETBALL GAME T-SHIRT ORDER FORM

Customized T-Shirts will be ordered for this event. The cost to participate is \$15, in order to cover the price of the apparel. Because they will be customized with personal names and player numbers, **your payment will be non-refundable once the team has been selected and the order has been placed**, even if you can no longer participate.

GRADE (circle one) 9 10 11 12

Student ID #: _____ Full Name: _____

T-shirt Size (circle one) S M L XL 2XL 3XL



You may customize the back of your T-Shirt with a first name, last name, or nickname. **If nickname selected is inappropriate, your payment will be returned and you will not be allowed to participate in our event.** Please note that the longer the name, the smaller the font will be. You may also choose a number. If left blank, name will say "STUDENT" and number will be "00"

Name: _____

Number: _____

**A payment of \$15 must be turned in with this order.
If writing a check, please make it out to Plainfield East Student Council.**

INSURANCE WAIVER

TO BE FILLED OUT BY PARENT/GUARDIAN ONLY

ID# _____ Name _____ Year in School _____

My child (ward) _____ is fully covered by my insurance and we do not wish to apply for the school insurance for sports coverage. I understand that I waive all responsibility for school insurance in the event of injury.

X _____

Parent/Guardian Signature

Date

Consent for Participation and Emergency Medical Treatment and Waiver

Please read this form carefully and be aware that participation in the athletic/activities program(s) for which your child (ward) is being registered entails, like participation in virtually all recreational activities, certain risks that cannot be entirely eliminated.

I hereby give my consent for my child (ward) to participate in the athletic/activities program(s). I recognize and acknowledge that there is a degree of risk that my child may sustain personal injury or damage to property in the course of partaking in such activities, and that District 202 High Schools cannot guarantee risk-free recreational experiences to program participants. I nonetheless desire to procure the benefits of recreation for my child (ward) and accordingly consent to his/her participation as described above.

I agree to emergency treatment by a physician of a hospital and I understand that District 202 High Schools do not cover participants for any type of medical costs.

I hereby fully release and discharge District 202 High Schools and their officers, agents, servants, and employees from any and all claims for injuries (including death), damage, or loss which I may have or which may accrue to me on account of my child's (ward's) participation in the program(s). I further agree to indemnify and hold harmless Plainfield Community Consolidated School District 202 and its officers, agents, servants, and employees from any and all claims and expenses (including attorney's fees), resulting from injuries (including death), damages, and losses sustained by me and arising in any way out of my child's (ward's) participation in said programs.

I/We have read the entire document, understand and agree to abide by its terms.

X _____ X _____

Parent/Guardian Signature

Date

Student Signature

Date

The entirety of this packet should be completed and handed to Ms. Ott in Room 408. Because spots will be filled on a first-come, first-serve basis, HAND THIS PACKET DIRECTLY TO MS. OTT. (Not placed into her mailbox, slid under her door, etc.)

Only packets complete with permission slips, order forms, insurance waivers AND payment will be accepted.