

RUSH COUNTY SCHOOLS
Elementary School Athletic Participation Form
2012-2013 School Year

Student Last Name _____ First Name _____ Middle Name _____

School _____ Grade for 12-13 _____ Date of Birth _____

I hereby give my consent for the above named student to participate in inter-consolidation athletics in Rush County Schools during the school year.

Parent Signature _____

I hereby agree that the above named student is adequately covered by family insurance. I agree to pay all medical bills with my insurance and not hold the school accountable for them.

Parent Signature _____