

Dimmick Consolidated School District #175

"Where Children Come First"

Superintendent: Mr. Ryan Linnig

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ATHLETIC EXPECTATIONS AND HANDBOOK ACKNOWLEDGEMENT

If your child will be participating in any of the athletic programs, be sure to complete the bottom portion of this form.

_____ Both parent and participant have read and understand the athletic rules.

_____ My son/daughter has been examined by a physician and was found to be able to participate in athletics.

_____ My son/daughter has adequate health insurance coverage.

Please be advised that my son/daughter _____ has the following medical condition:

The provisions of this handbook are not to be considered as irrevocable contractual commitments between the school and the students. Rather, the provisions reflect the current status of the rules, practices and procedures as currently practiced and are subject to change.

My signature acknowledges receipt of a copy of the Dimmick Consolidated School District #175 Parent/Student Athletic Handbook. I further acknowledge that upon written or oral request, the principal will be available to discuss the contents of this handbook. My signature does not imply that I either agree or disagree with the contents.

PARENT/GUARDIAN SIGNATURE _____

DATE _____