



West Central HS

C.U.S.D. #235

1514 US Hwy 34, Biggsville IL, 61418

Fax (309).627.2021--Phone (309).627.2377

Waiver to Participate during IHSA/IESA Return to Play

IHSA/IESA Sport: _____ (Please indicate the sport in which you are participating.)

Parent/Guardian Section

I, _____, have read and understand West Central C.U.S.D. 235's District's guidelines for participation during the IHSA/IESA Return to Play for West Central C.U.S.D. #235 athletes. I understand that all practices and contests are voluntary, and are not required in any way. I understand that there are inherent risks associated with participating in athletics that could cause injury to my son/daughter. I also understand that with the unique health circumstances that we are experiencing, my son/daughter could be exposed to the COVID-19 virus.

Having been informed of the above information, I give _____ permission to participate in IHSA/IESA Return to Play.

Parent Signature

Date

Student Section

I, _____, have read and understand West Central C.U.S.D. 235's District's guidelines for participation during the IHSA/IESA Return to Play for West Central C.U.S.D. #235 athletes. I understand that all practices and contests are voluntary, and are not required in any way. I understand that there are inherent risks associated with participating in athletics that could cause injury. I also understand that with the unique health circumstances that we are experiencing, I could be exposed to the COVID-19 virus.

Student Signature

Date

Athletic Director

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