

**Community High School District 94  
West Chicago, IL  
ATHLETIC PERMISSION FORM**

*This form must be completed in its entirety. Please use black or blue ink.*

- A valid physical exam must be on file in order to participate in any sport (valid for one year from the exam date).
- Section 5 on the back of this form must be completed in order to participate in any sport.

- Fee is \$100 per student, per sport. (\$300.00 cap/family) Non-refundable if athlete quits.
- Transfer students - Please fill out Section 4 on this form.
- Section 3, on this form, provides a listing of all sports offered. Please write in sport you will be participating in for each season.

**SECTION 1: GENERAL INFORMATION**

Female     Male

STUDENT NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

YEAR IN SCHOOL:     FR     SO     JR     SR                      BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_                      Address                      City                      Zip  
Date of Current Physical \_\_\_\_\_

FATHER'S First Name: \_\_\_\_\_ FATHER'S Work Phone: \_\_\_\_\_

MOTHER'S First Name: \_\_\_\_\_ MOTHER'S Work Phone: \_\_\_\_\_

PARENT/GUARDIAN LAST NAME if different from student: \_\_\_\_\_

**SECTION 2: INSURANCE COVERAGE**

*School District 94 Board Policy **REQUIRES** parents/guardians to certify that their daughter/son is covered for athletic participation by either family insurance, student accident insurance or football participation insurance.*

MY DAUGHTER/SON IS COVERED BY THE FOLLOWING FAMILY INSURANCE PLAN:

Family Insurance Co. Name: \_\_\_\_\_ List ONE: Policy #, Group #, or ID # \_\_\_\_\_

~~~~~  
We do not have family insurance. We have purchased Student Insurance and/or Football Insurance on this date: \_\_\_\_\_

**SECTION 3: EMERGENCY MEDICAL INFORMATION**

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

*If the I nor the emergency contact person cannot be reached, I authorize school personnel to take such emergency action as may be deemed necessary.*

DOCTOR PREFERENCE: \_\_\_\_\_ DR. PHONE: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

**SECTION 3: SEASON AND SPORTS OFFERED**

FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

**FALL SPORTS**

- Cross Country – Boys
- Cross Country – Girls
- Football
- Golf – Boys
- Golf – Girls
- Soccer – Boys
- Swimming – Girls
- Tennis – Girls
- Volleyball - Girls

**WINTER SPORTS**

- Basketball – Boys
- Basketball – Girls
- Cheerleading
- Gymnastics – Girls
- Swim – Boys
- Wrestling
- Indoor Track – Boys – January
- Indoor Track – Girls – January

**SPRING SPORTS**

- Badminton – Girls
- Baseball – Boys
- Gymnastics – Boys
- Soccer – Girls
- Softball – Girls
- Tennis – Boys
- Track – Boys
- Track – Girls
- Volleyball – Boys

**SECTION 4: HIGH SCHOOL TRANSFER STUDENT INFORMATION**

Complete this section **ONLY** if you have transferred from **another high school**.

Name of School Transferred From: \_\_\_\_\_

Address of School Transferred From: \_\_\_\_\_

LIST SPORTS PARTICIPATED IN AT PREVIOUS SCHOOL AND YEARS OF PARTICIPATION:

(Example: Soccer – Frosh, Sophomore & Junior years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5: STUDENT AND PARENT/CUSTODIAL AGREEMENT/ACKNOLEGEMENT**

IHSA PED Testing Policy & Agreement

**Parent and Student Agreement/Acknowledgement Form  
Performance-Enhancing Drug Testing Policy**

- Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

**STUDENT ACKNOWLEDGEMENT AND AGREEMENT**

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Drug Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Drug Testing Program Protocol which is available on the IHSA website at [www.IHSA.org](http://www.IHSA.org). I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA.

Student Name (Print): \_\_\_\_\_ Grade (9-12) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT**

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my student's high school as specified in the IHSA Performance-Enhancing Drug Testing Program Protocol which is available on the IHSA website at [www.IHSA.org](http://www.IHSA.org). I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

*We understand that Community High School District 94 does not assume financial responsibility for accidents/injuries incurred in athletics. We freely and with full knowledge hereby permit our daughter/son to participate in CHS athletics under these conditions. In the event of a medical emergency we grant consent for emergency medical treatment to be given to our daughter/son when not present for verbal consent. This consent extends to emergency personnel (i.e. EMT's, paramedics, physicians, nurses, certified athletic trainers, coaches, teachers, athletic directors) that would be directly involved in emergency care. By affixing my signature to this form, I affirm that I have read in the Community high School Handbook Sections 12, 13, 14, & 15 in its entirety.*

*I hereby understand all the rules and procedures governing participation in Community High School District 94 athletics.*

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Student Signature**

**REMEMBER:**

*You may participate in the sports you have chosen once this form is completed, signed, and returned to the athletic office.*

***A permission form must be completed each year.***