

**MATTOON HIGH SCHOOL DISTRICT #2  
ATHLETIC INFORMATION SHEET**

(Check ALL sports in which the student expects to participate in at any time during the entire school year)

**FALL SPORTS**

- \ \ Cross Country
- \ \ Football
- \ \ Soccer
- \ \ Volleyball
- \ \ Tennis (Girls)
- \ \ Golf (Boys & Girls)
- \ \ Cheerleader
- \ \ Dance Team

**WINTER SPORTS**

- \ \ Basketball (Boys)
- \ \ Basketball (Girls)
- \ \ Wrestling

**SPRING SPORTS**

- \ \ Baseball
- \ \ Softball
- \ \ Girls Soccer
- \ \ Track (Boys)
- \ \ Track (Girls)
- \ \ Tennis (Boys)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Int. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Physical Date \_\_\_\_\_

Mother's name and address \_\_\_\_\_ Emergency # \_\_\_\_\_

Father's name and address \_\_\_\_\_ Emergency # \_\_\_\_\_

Do both parents live within Community Unit District #2? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, Explain: \_\_\_\_\_

Did you transfer in from another School District? Yes \_\_\_\_\_ No \_\_\_\_\_

*Community Unit School District #2 recommends a student participating in athletics carry school insurance or requires parents to certify that their son/daughter is covered for athletic participation by their family insurance. For those athletes out for football, an extended football insurance policy is purchased, at no cost to you, by the Board of Education only when the school insurance offered is purchased.*

My son/daughter is covered by: ( ) School Insurance ( ) Family Insurance - Name of Company \_\_\_\_\_

**Emergency Medical Information:** *If I cannot be reached, and if in the judgment of school authorities immediate medical attention is indicated, I authorize responsible school personnel to send my child to an available doctor or hospital.*

Doctor Preference \_\_\_\_\_ Hospital Preference \_\_\_\_\_

*Community Unit School District #2 does not assume financial responsibility for accidents incurred in athletics. Parents must give consent for their son's/daughter's participation in the athletic program. Furthermore, it is my understanding that an annual physician's report must be on file at the high school the athlete attends.*

I have read the Illinois High School Association's rules and regulations regarding athletic eligibility listed in the handbook and I hereby give my consent for the above named student to participate in the above indicated sports. I, furthermore, understand and agree to abide by the terms and conditions of the Code of Conduct in the Student Handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_