



NAPERVILLE NORTH HIGH SCHOOL ATHLETIC INFORMATION/RELEASE FORM

SPORT		SCHOOL YEAR (circle one)			
		FR	SO	JR	SR
PLAYER NAME		SCHOOL ID # (required)			
STREET ADDRESS					
CITY	ZIP	HOME PHONE			

MOTHER'S NAME		FATHER'S NAME	
MOTHER'S ADDRESS (only if different then player)		FATHER'S ADDRESS (only if different then player)	
DO BOTH PARENTS LIVE IN DISTRICT 203?		SCHOOL ATTENDED LAST YEAR	
YES	NO		
PLEASE LIST ANY MEDICAL CONDITIONS OR CONCERNS WE SHOULD BE AWARE OF:			
EMERGENCY CONTACT NAME		EMERGENCY PHONE NUMBER	

INSURANCE INFORMATION	FATHER'S E-MAIL ADDRESS
<p>Naperville Community Unit School District 203 maintains student school time insurance that includes any school sponsored and/or supervised activity, including athletics (including football & lacrosse). If students have other insurance coverage, District insurance is secondary. The program administrators are Zevitz-Redfield & Associates, Inc. Claim forms are available in each school building.</p>	
	MOTHER'S E-MAIL ADDRESS
	<p>School District #203 does not assume financial responsibility for accidents incurred in athletics. Parents/guardians must give consent for their son/daughter's participation in the athletic program.</p>
I HEREBY GIVE MY SON/DAUGHTER MY CONSENT TO PARTICIPATE IN:	
SPORT	PARENT/GUARDIAN SIGNATURE

EMERGENCY MEDICAL INFORMATION	
<p><i>If I can not be reached, and if in the judgment of school authorities immediate medical attention is indicated, authorize responsible school personnel to send my son/daughter to an available doctor or hospital.</i></p>	
DOCTOR PREFERENCE	HOSPITAL
<p><i>It is my understanding that a current physical MUST be on file with the Athletic Office.</i></p>	
<p><i>By affixing my signature to this form, I do affirm that I have read and reviewed the <u>Revised Co-Curricular Participation Code</u> in its entirety and understand all the rules governing participation at Naperville North High School.</i></p>	
<p><i>By signing below, we also agree to random testing in accordance with the <u>IHSA's Steroid Testing Policy</u>. No student-athlete may participate in IHSA State series without this consent.</i></p>	
<p>_____ PARENT/GUARDIAN SIGNATURE DATE</p>	
<p>_____ STUDENT SIGNATURE DATE</p>	

**RETURN TO ATHLETIC OFFICE WITH COPY OF
CURRENT PHYSICAL!!!!!!!**

FOR NNHS ATHLETIC DEPARTMENT USE