

South Elgin High School ATHLETIC PERMIT for the sport of _____

Fill in the front side and be sure to sign on back. Then take this to the Athletic Office Along with a copy of a current (all physicals expire after 1 year) physical (sport or freshman) and the participation fee of \$65. **No One may begin try-outs or practice without a completed registration. No Exceptions!** A copy of the registration will be given to your coach. No refunds will be given after the first contest date of your sport.

Name: _____ I.D. #: _____ Grade: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

Parent E-Mail Address: _____

Student E-Mail Address: _____

Did you attend a high school other than South Elgin in the previous semester? ___ Yes ___ No

I affirm that _____ (student's name) lives with the custodial parent or legal guardian in the boundaries of school district u-46. (Please check the box.)

Father's Name _____ Mother's Name _____

Father's Workplace _____ Hours _____ Phone _____

Mother's Workplace _____ Hours _____ Phone _____

Guardian's Workplace _____ Hours _____ Phone _____

Emergency name & phone # (in case parent/guardian not available) _____

Physician's Name _____ Phone _____

Physician's Address _____

Insurance Carrier _____ Policy # _____ Group # _____

Does Athlete Wear contacts? ___ Yes ___ No Athlete wears glasses? ___ Yes ___ No

Medication being taken & reason _____

Allergies (Medication, Insect Bites, Etc.) _____

Previous injuries & dates of same (fractures, dislocations, etc.) _____

Additional information pertinent to athlete's health (asthma, diabetes, heart conditions, etc.) _____

PARENTS/GUARDIANS AND ATHLETES PLEASE READ & SIGN ALL SPACES ON THE NEXT PAGES!

PLEASE BE SURE TO SIGN IN THE FOLLOWING 9 PLACES:

FOR THE ATHLETE:

I have received/will receive my Handbook which includes the Athletic Code of Conduct required to participate in athletics at South Elgin H.S. I understand that violation of team rules or of the Athletic Code of Conduct may result in the forfeiture of my privilege to participate in athletics. In addition, I have read and understand the N.C.A.A. requirements for entrance and participation in athletics and for eligibility for athletically related financial aid at Division I colleges and universities. This code is in effect from the beginning of the practice season to the start of the practice season the following year. I am also aware of certain risks of physical injury and I agree to assume the full risk of any injuries that may occur.

Signature of Athlete

FOR THE PARENT:

Permission is given for my son/daughter to participate in the South Elgin H.S. athletic program and I have read, understand, and agree to support the consequences for my athlete of the School District U-46 Code of Conduct. I am also aware that potential physical injury could occur as a result of athletic participation.

Signature of Parent/Guardian

FOR THE PARENT AND ATHLETE:

Athletics and Activities often receive publicity over the airwaves, on the District U-46/South Elgin High School website, in the print media, and programs. You should be aware that your son/daughter's picture or name may be used or appear in any or all of the above.

I attest that all the information on this sheet is true. If any of the information on this sheet changes, I will notify the Athletic Department immediately. Any falsification of information or failure to inform the Athletic Department of changes will result in loss of eligibility.

Parent/Guardian Signature

Athlete Signature

**IHSA STEROID TESTING POLICY/CONSENT TO RANDOM TESTING.
(PARENT AND ATHLETE):**

In January 2008, the Illinois High School Association’s Board of Directors approved a plan developed by the IHSA’s Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing dietary supplements of teams and individuals qualifying for state finals competition.

Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance from the association’s banned drug classes, without written permission by a licensed physician, to treat a medical condition, violates IHSA By-law 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams that participate in state series competitions for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school.

By signing below, we consent to random testing in accordance with the IHSA’s steroid testing policy. We understand that, if the student or the student’s team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student’s parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_list-2007-08.pdf

Parent
Signature _____ Date _____

Athlete Signature _____ **Date** _____

INSURANCE OR WAIVER OF INSURANCE:
ALL ATHLETES ARE REQUIRED TO HAVE MEDICAL INSURANCE COVERAGE.
Sign the waiver space below if you have your own insurance/medical coverage!

WAIVER OF INSURANCE

I hereby agree to waive any coverage that may be otherwise provided through the student accident insurance program or School District U-46. I do not wish to purchase student accident insurance for my child under the school program. I agree that I will hold harmless, to waive and relinquish all claims against School District U-46, its officers, agents, servants, and employees for any expenses that may occur as a result of any injury to my child while participating in the said district’s athletic program, and further realize that I must secure my own hospitalization and medical coverage if I desire such protection.

OR...

I will/have purchase(d) “school insurance” (forms are available at school). An insurance company through District U-46 provides coverage. Payment goes from the parent directly to the insurance company.

Signature of Parent/Guardian

AUTHORIZATION FOR MEDICAL TREATMENT:

I give my consent and permission and the right on my behalf and in my stead, to any supervising coach of any sport in which my child is, or may be participating, for South Elgin H.S. to arrange for a licensed and certified physician and/or athletic trainer to render and provide immediate treatment to my child as to injuries that may be sustained by my child while participating in such sport, whether directly, or indirectly, and whether sustained during practice or in active interscholastic competition, where such injuries consist of, but are not limited to sprains, strains, fractures, dislocations, lacerations, contusions, abrasions, and similar injuries, and all without necessity of any further or additional express authorization by me, other than for this authorization. My above permission and consent also extends to the right of any supervising coach or school personnel to arrange for immediate medical treatment by a licensed or certified physician and/or athletic trainer, and for them to apply such emergency techniques as may be necessary to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment, is deemed reasonably necessary to preserve the life or limb of my child. Also, I understand that if emergency transport to nearest hospital is necessary, it will be at my expense.

Athlete’s Name to whom the authorization extends _____

Signature of Parent/Guardian _____ **Date** _____



*****Office Use Only*****

Physical Date: _____ **Paid** _____ **Check#** _____ **OR Cash**

Date _____ **Received By** _____

Eligibility: **Previous Semester Passed** _____ **2nd Semester** _____