

**TOWNSHIP HIGH SCHOOL DISTRICT 214  
ATHLETIC PERMIT**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	ID #	Last Name	First Name	Middle Name	Male	Female
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address		City	State	Zip	Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Current Year in School	<input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Current Semester	<input type="radio"/> 01 <input type="radio"/> 02
Date of Birth	County of Birth	State	<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
Emergency Contact Name			Emergency Contact Phone		Father's Work Phone	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	

**1. A PHYSICAL FORM MUST BE COMPLETED, DATED, SIGNED BY A PHYSICIAN, AND TURNED IN TO THE ATHLETIC OFFICE**

FOR SCHOOL OFFICE USE ONLY			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Today's Date	Exam Verification	Physical Date	Registration Verified

**2. SPORTS SELECTION – Check (X) those sports in which you wish to participate.**

<u>BOYS SPORTS</u>			<u>GIRLS SPORTS</u>		
<b>FALL</b>	<b>WINTER</b>	<b>SPRING</b>	<b>FALL</b>	<b>WINTER</b>	<b>SPRING</b>
Cross Country <input type="checkbox"/>	Basketball <input type="checkbox"/>	Baseball <input type="checkbox"/>	Cross Country <input type="checkbox"/>	Basketball <input type="checkbox"/>	Badminton <input type="checkbox"/>
Football <input type="checkbox"/>	Swimming & Diving <input type="checkbox"/>	Tennis <input type="checkbox"/>	Golf <input type="checkbox"/>	Bowling <input type="checkbox"/>	Soccer <input type="checkbox"/>
Golf <input type="checkbox"/>	Wrestling <input type="checkbox"/>	Track <input type="checkbox"/>	Swimming <input type="checkbox"/>	Gymnastics <input type="checkbox"/>	Softball <input type="checkbox"/>
Soccer <input type="checkbox"/>	Cheerleading <input type="checkbox"/>	Volleyball <input type="checkbox"/>	Tennis <input type="checkbox"/>	Cheerleading <input type="checkbox"/>	Track <input type="checkbox"/>
Cheerleading <input type="checkbox"/>		Water Polo <input type="checkbox"/>	Volleyball <input type="checkbox"/>	Poms <input type="checkbox"/>	Water Polo <input type="checkbox"/>
		Gymnastics <input type="checkbox"/>	Cheerleading <input type="checkbox"/>		
			Poms <input type="checkbox"/>		

**3. TRANSFER OR FOREIGN EXCHANGE STUDENT – Please provide the following information.**

Previous High School	<input type="text"/>
Name of School	<input type="text"/>
<input type="text"/>	<input type="text"/>
Street Address	City
<input type="text"/>	<input type="text"/>
	State
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY
<input type="text"/>
Transfer Information Verified

**4. SPORTS AGREEMENT**

The Athletic Program provides sports which are interesting, wholesome, stimulating and enjoyable for all students for the purpose of developing physical fitness; sports knowledge, skills, and understanding; sportsmanship; and a spirit of competition in each participating student.

A student must have his/her parent's or guardian's and physician's permission to participate in the athletic program. The athlete must abide by the IHSA eligibility by-laws found at [www.ihsa.org/org/policy/2008-09/section3.pdf](http://www.ihsa.org/org/policy/2008-09/section3.pdf). To insure the proper atmosphere for athletic excellence, the athlete and his/her parent(s) or guardian(s) must understand and cooperate in helping establish that atmosphere by adhering to all school rules and regulations. An athlete may be suspended or dropped from a team for the remainder of the season for violating any of the following standards: (1) falsification of physician's signature on the athletic permit; (2) use, possession, or distribution of alcohol or tobacco or the abuse of any controlled substance; (3) theft or destruction of property; (4) repeated unsportsmanlike conduct; or (5) failure to follow training rules as set forth for individual sports by coaches and as approved by the Assistant Principal for Student Activities. Finally, all athletes are subject to the provisions of the District 214 Cocurricular Code.

Once a student becomes a member of an athletic team the athlete cannot quit and become a member of another team in the same season. Athletes who are cut from a team are encouraged to try out for another team.

**5. INFORMED CONSENT**

Participation in athletics includes the potential for injury. We realize this and acknowledge that even with the best coaching, the use of the most advanced and safe equipment, and the strict observance of rules; injuries are possible. We also acknowledge that on rare occasions, injuries can be so severe that they result in permanent disability or death. Athletic insurance is available at additional cost.

**6. IHSA STEROID TESTING POLICY – CONSENT TO RANDOM TESTING**

Any student-athlete who ingests or otherwise uses a substance listed in the association's banned drug classes, without the written permission of 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. Accordingly, 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/her parents, and his/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.

**7. ImPACT CONCUSSION MANAGEMENT SERVICE – CONSENT TO PARTICIPATE**

District 214 uses the ImPACT system to monitor sports-related concussions and to ensure recovery and prevent recurrent, cumulative, and/or catastrophic consequences from a second concussive injury. Information on the IHSA concussion policy can be found at <http://ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx>. By signing below, Parent/guardian consent given for students to participate in this service, and parent/guardian acknowledges that they have read the IHSA concussion information.

**8. MEDICAL/EMERGENCY RELEASE**

Does your student have any specific allergies, routine medications, chronic illnesses or conditions that District 214 should be aware of? Please indicate here (if none, please specify): \_\_\_\_\_

By signing this form, you authorize the school to take such emergency action that may be necessary, including transportation of the student to a hospital or medical center, if neither parent nor the above named emergency contact can be reached in case of severe injury or illness.

**9. REQUIRED SIGNATURES OF AGREEMENT BY ATHLETE AND PARENT/GUARDIAN**

By his/her signature, the student-athlete agrees to abide by all of the conditions set out by District 214 and the IHSA. By his/her signature, the parent/guardian of the student-athlete gives his/her permission for the student-athlete to participate in interscholastic athletics under all of the conditions described above.

\_\_\_\_\_  
SIGNATURE OF STUDENT-ATHLETE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE