

ATHLETIC PARENT PERMISSION FORM

School Year _____ Year In School: FR SO JR SR (Circle One)

Name _____ I.D.# _____
Last First

Street Address _____
City State Zip

Home Telephone _____ Emergency Telephone _____ Emergency Name _____

Birth Date _____ Place of Birth _____
County City State

Mother's Name & Address _____

Father's Name & Address _____

Do Both Parent's Live Within District #203? Yes _____ No _____ E-Mail Address _____

School Attended Last Year _____

Did You Participate in Athletics At Another High School Last Year? Yes _____ No _____

I HEREBY GIVE MY SON MY CONSENT TO PARTICIPATE IN THE FOLLOWING SPORTS: Lacrosse _____

- | | | | | | |
|--------------------|-------|----------------------|-------|----------------------|-------|
| <u>FALL</u> | | <u>WINTER</u> | | <u>SPRING</u> | |
| Cross-Country | _____ | Basketball | _____ | Baseball | _____ |
| Football | _____ | Swimming | _____ | Gymnastics | _____ |
| Golf | _____ | Wrestling | _____ | Tennis | _____ |
| Soccer | _____ | | | Track | _____ |
| | | | | Volleyball | _____ |
| | | | | Water Polo | _____ |

EMERGENCY MEDICAL INFORMATION

If I cannot be reached, and if in the judgement of school authorities immediate medical attention is indicated, I authorize responsible school personnel to send my son to an available doctor or hospital and furthermore, authorize emergency treatment when warranted.

DOCTOR PREFERENCE _____ HOSPITAL _____

IT IS MY UNDERSTANDING THAN AN ANNUAL PHYSICAL MUST BE ON FILE AT THE HIGH SCHOOL.

FURTHERMORE, BY AFFIXING MY SIGNATURE TO THIS FORM, I DO AFFIRM THAT I HAVE READ THE CO-CURRICULAR PARTICIPATION CODE IN ITS ENTIRETY AND UNDERSTAND ALL THE RULES GOVERNING PARTICIPATION IN NAPERVILLE CENTRAL HIGH SCHOOL ATHLETICS.

(PARENT SIGNATURE) (ATHLETE SIGNATURE)



IHSA Steroid Testing Policy Consent to Random Testing

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 any of the banned substances on the association's banned list, 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 Substance List can be accessed at
http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_list-2007-08.pdf.

Signature of student-athlete

Date

Signature of parent/guardian

Date