

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:

FALL		WINTER		SPRING	
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)



Parent and Student Agreement/Acknowledgement Form Performance-Enhancing Substance Testing Policy

- Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA.

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____