

Return to Athletic Office

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DISTRICT #113 ACTIVITIES/ATHLETICS PERMIT CARD

A new form must be submitted each school year to the Athletic or Activities office prior to the first day of practice.

Circle the sports and/or activities you are interested in joining.

SEASON	Boys Sports				SEASON	Girls Sports					
Fall:	X-Country	Football	Golf	Soccer	Fall:	X-Country	V. Ball	Field Hockey	Tennis	Golf	Swim
Winter:	Basketball	Swim	Wrestling		Winter:	Basketball	Gymnastics				
Spring:	Baseball	Tennis	Volleyball	Track	Spring:	Soccer	Softball	Track	Lacrosse	Water Polo	
	Lacrosse	W. Polo	Gymnastics								
Clubs/ Intramurals	Break Dance	Fencing	Futsal	Jammers	Poms	Ski/snowboard	Skateboard	Ultimate Frisbee			

PLEASE PRINT IN INK

Name _____ I.D. Number _____
Last First Middle

Address _____ City _____ Zip _____

Phone _____ **Transfer student? Y / N** **Circle Year in school Fr So Jr Sr**

Father/Guardian Name _____ Mother/Guardian Name _____

Work # _____ Work # _____

Cell phone _____ Cell phone _____

Physician _____ Physician Phone # _____

IN EMERGENCY CALL

(If Mother/Father/Guardian not available) (name) (Home & cell phone #)

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examination and immunizations for the above named student. In the event an emergency occurs due to serious illness, a need for major surgery, or a significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to contact me, the treatment necessary for the best interest of the above named student may be given. Permission is also granted to the athletic trainer to provide the needed emergency treatment prior to the student's admission to medical facilities, as well as administration of daily medical, rehabilitative treatments of an acute/chronic athletic injury.

-----IMPORTANT-----

Initials

PARENT PERMISSION / ATHLETICS & RISK WARNING AGREEMENT

We advise all athletes to be adequately covered by hospitalization insurance. Your signature on this form indicates that you will accept financial responsibility in case of injury to your child sustained in connection with these activities.

The District 113 Extracurricular Code acts to supplement, not to supplant, District 113 school disciplinary policies. An athlete in District 113 will be subject to extracurricular disciplinary action if he or she commits any of the following violations:

1. Theft or vandalism of any school property
2. Unsportsmanlike conduct, sexual harassment
3. Use, transfer, sale, distribution, or possession of tobacco (all forms) alcohol, marijuana, steroids, look-a-likes, any other illicit drugs or related paraphernalia, or the abuse of prescription/non-prescription drugs

Each athlete is responsible for any uniform and /or equipment issued to him/her. Athletes must pay replacement cost for any article lost or damaged by other than ordinary wear and tear. In addition, beginning in 2008-09 no student-athlete may participate in IHSA state series competition unless the student and the student's parent-guardian consent to random testing for steroids.

I have read and understand the Athletics & Risk Warning Agreement as stated.

Date _____ **ATHLETE'S SIGNATURE** _____

Our son/daughter has our permission to practice and compete in the interscholastic-athletics program. We realize that such activity involves the potential for injury, which is inherent in all sport, and on rare occasions a severe injury, including permanent paralysis or death may occur.

Date _____ **PARENT/GUARDIAN SIGNATURE** _____

PHYSICIAN'S EXAMINATION

PHYSICAL IS VALID FOR ONE CALENDAR YEAR ONLY.

I have examined this student on this date and find him/her to be physically fit for athletic program participation.

_____, M.D. _____

Physician's signature or stamp is required

Date of Physical Examination