

Plainfield Community Consolidated School District 202 Athletic Code

Student ID# _____	Sport(s) _____
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Student Name _____ Year in School **9 10 11 12**

Date of Birth (MMDDYY) _____ Age _____

Home Address _____
Number Street City Zip Code

Home Phone _____ Student Cell Phone _____

Father's Name _____ Mother's Name _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Parent Email Address(es)

Participating in interscholastic activities is considered an extension of, but separate from, the regular high school curriculum. While the regular curriculum program is a right afforded to each student, participation in the athletic program is a privilege and, as such, carries certain expectations beyond those found in the normal classroom situation. The important goals of the athletic program are to give students direction in developing healthful living habits, discipline, leadership, teamwork, opportunities to participate in fun activities, and respect for rules and regulations. It is to these ends that a Athletic Code is established for young people taking part in the athletic program.

The acceptance of participation in athletics involves a commitment by the participant to adhere to this Athletic Code. It is the responsibility of the coaches to inform participants of the Code and to enforce the Code in a fair and consistent manner. It is the participant's responsibility to be aware of the Code (which is located in the Student Agenda Book) and to adjust behavior accordingly so that it becomes unnecessary for a coach to have to enforce the Code.

Insurance Waiver

My child (ward) _____ is fully covered by my insurance and we do not wish to apply for the school insurance for sports coverage. I understand that I waive all responsibility for school insurance in the event of injury.

X _____
Parent/Guardian Signature Date

Consent for Participation and Emergency Medical Treatment and Waiver

Please read this form carefully and be aware that participation in the athletic/activities program(s) for which your child (ward) is being registered entails, like participation in virtually all recreational activities, certain risks that cannot be entirely eliminated.

I hereby give my consent for my child (ward) to participate in the athletic/activities program(s). I recognize and acknowledge that there is a degree of risk that my child may sustain personal injury or damage to property in the course of partaking in such activities, and that District 202 High Schools cannot guarantee risk-free recreational experiences to program participants. I nonetheless desire to procure the benefits of recreation for my child (ward) and accordingly consent to his/her participation as described above.

I agree to emergency treatment by a physician of a hospital and I understand that District 202 High Schools do not cover participants for any type of medical costs.

I hereby fully release and discharge District 202 High Schools and their officers, agents, servants, and employees from any and all claims for injuries (including death), damage, or loss which I may have or which may accrue to me on account of my child's (ward's) participation in the program(s). I further agree to indemnify and hold harmless Plainfield Community Consolidated School District 202 and its officers, agents, servants, and employees from any and all claims and expenses (including attorney's fees), resulting from injuries (including death), damages, and losses sustained by me and arising in any way out of my child's (ward's) participation in said programs.

I/We have read the entire document, understand and agree to abide by its terms.

X _____ **X** _____
Parent/Guardian Signature Date Student Signature Date



Agreement/Acknowledgement Form



Performance-Enhancing Substance Testing Policy

STUDENT ACKNOWLEDGEMENT/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 understand that testing may occur during selected IHSA state series events or during the school day. 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.

PARENT/GUARDIAN CERTIFICATION/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 understand that testing may occur during selected IHSA state series events or during the school day. 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.

CONCUSSION INFORMATION

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

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

Student Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____