

# Plainfield South Athletic & Activity Registration & Consent Form

7800 W Caton Farm Rd, Plainfield, IL 60586

Phone: 815.577.5587

Fax: 815.436.5312

Web: psd202.org/pshs

Last Name	_____
Student ID #	_____
Sport (s)	_____
Activity(s)	_____

Athletic Director - Bob Yanello  
Athletic Dept. Secretary - Melanie Jones

**PLEASE COMPLETE BOTH SIDES OF FORM AND RETURN TO ATHLETIC OFFICE.**

Student Name _____	Date of Birth _____	Age _____
Home Address _____		
Number _____	Street _____	City _____ Zip _____
Home Phone _____	Student's Cell Phone _____	
Father's/Guardian's Name _____	Mother's/Guardian's Name _____	
Father's Work Phone _____	Mother's Work Phone _____	
Father's Cell Phone _____	Mother's Cell Phone _____	
Father's Email _____	Mother's Email _____	
Emergency Contact Name _____	Phone _____	
Health Concerns/Allergies _____		

## Consent for Participation and Emergency Medical Treatment and Waiver

Please read this form carefully and be aware that participation in the athletic/activity 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/activity 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 in the athletic/activity program. I agree to emergency treatment by a physician of a hospital for my child (ward) 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 my child (ward) or 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 my child (ward) or me and arising in any way out of my child's (ward's) participation in the athletic/activity program(s).

### Please read each statement and sign below:

- 1) I have read the contents of the Plainfield South Student Handbook (Agenda book) and agree to abide by its rules and regulations.
- 2) I understand that the Plainfield South Athletic Code of Conduct is included in the Student Handbook (Agenda book). I have read and understand the Athletic Code and will abide by its principles. Moreover, I understand it is the student athlete's obligation to notify the Athletic Director within 48 hours when a code violation occurs.
- 3) All school athletic equipment will be returned within 5 days of the final contest of the season.
- 4) **Insurance Waiver:** I certify that my child (ward) has medical/accident insurance coverage. No student will be allowed to participate in athletics unless he/she is covered under a medical/accident plan. If you need information on an insurance company, please contact the main office.

I/We have read this entire document, understand and agree to abide by its terms and sign it voluntarily and with full knowledge of its significance.

**X** \_\_\_\_\_  
Student Signature

**X** \_\_\_\_\_  
Parent/Guardian Signature

**X** \_\_\_\_\_  
Date



**PLEASE SIGN BACK OF FORM ALSO.**



## 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 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](http://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 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](http://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: _____	



PLEASE SIGN BACK OF FORM ALSO.