



PLAYER RECORD CARD

(PERMISSION FORM)

CHICAGO PUBLIC HIGH SCHOOLS ATHLETIC ASSOCIATION

Student-Athletes Name: _____ / _____
(Last Name) (First name)

Date of Birth: _____ / _____ / _____ Current Age: _____
(Month) (Day) (Year)

Address: _____ / _____ / _____ / _____
(Street) (City) (State) (Zip Code)

SPORT/S: _____

Level: Varsity / JV / Sophomore Gender: Male / Female
School ID# _____ Year in School: Senior / Junior / Sophomore / Freshman

(Parental / Guardian Permission)

The information submitted is correct and I hereby give my son / daughter to engage in the sport mentioned above and may assume all responsibilities for injuries he / she may receive while practicing and going to and returning from or playing the game / contest. I understand that all property belonging to the school shall be returned on demand and I agree to pay for same if lost or stolen. Student-Athlete Agreement: I have represented in high school athletics in previous year/s to this school year and I am an amateur (unless I am an incoming Freshman), (Act 2, Sec. 3a, Chicago Public Schools By-Laws: "He / She shall be an amateur, one who has never used, and is not using, his / her knowledge or his / her athletic ability for money. He / she shall not play have played on any team which there are paid players.")

I WILL NOT REPRESENT ANY OTHER ORGANIZATION IN THE SAME SPORT WHILE A MEMBER OF A SCHOOL TEAM.

Signature of Parent or Guardian: _____ **Date:** _____

Signature of Student / Athlete: _____ **Date:** _____

Home Phone: (____) _____ - _____ Guardian's Cell Phone #1: (____) _____ - _____
Father's Cell Phone: (____) _____ - _____ Guardian's Cell Phone #2: (____) _____ - _____
Mother's Cell Phone: (____) _____ - _____ Athlete's Cell Phone: (____) _____ - _____

Athletes CPS email address: _____

← Please check here if your son / daughter have been diagnosed with Asthma and / or other allergies and must have their pump or medication to participate in a sports related activity.

← Please check here stating that you (parent / guardian) have read and understood the *CPS Sports Administration Constitution and By-Laws*; which can be found at:

www.rhsroughriders.org/apps/pages/index.jsp?uREC_ID=263667&type=d OR a printed copy has been provide by a coach.

← Please check here stating that you (student / athlete) have viewed the following link "Concussion Risk Program" (in blue letters) at: www.ihsa.org/Resources/SportsMedicine.aspx

For School Use Only. *Do Not Write* in this area. G.P.A. _____