

# 2017-2018 Athletics Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**SPORTS FEES MUST BE PAID PRIOR TO THE FIRST DAY OF TRYOUTS. FEES MUST BE PAID BY AUGUST 3, 2016.**

*Please indicate sports desired:*

\_\_\_\_ Volleyball Grades 7-12      \_\_\_\_ Basketball Grades 7-12      \_\_\_\_ Baseball Grades 9-12  
\_\_\_\_ Soccer Grades 7-12      \_\_\_\_ Cheerleader Grades 7-12      \_\_\_\_ Softball Grades 9-12  
\_\_\_\_ Track Grades 6-12

**2016-2017 Middle School Sports - \$75.00 per sport with a maximum of \$200 per student**  
**2016-2017 High School Sports - \$150.00 per sport with a maximum of \$400 per student**

**THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE SCHOOL OFFICE ALONG WITH ALL FEES BEFORE THE STUDENT WILL BE PERMITTED TO PRACTICE**

**FOR HS STUDENTS ONLY** - Have you attended any other High School during grades 9 through 12? No \_\_ Yes\_\_ (yes, see below)  
•Transfer students must complete the Transfer Student Information Form. (See school office)  
•Foreign Exchange students must complete the Foreign Exchange Student/International Student Registration Form (see school office)

## ATHLETIC INSURANCE WAIVER/INFORMED CONSENT

By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Hepatitis B and MRSA. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate the risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this, we acknowledge that we have read the above information. PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN A SCHOOL-SPONSORED ACTIVITY WITHOUT THE STUDENTS' AND PARENT'S/GUARDIAN'S SIGNATURE.

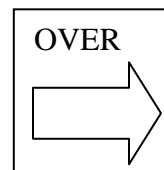
I HEREBY GIVE MY CONSENT FOR THE STUDENT NAMED ABOVE.

1. To represent Somonauk School District in approved student activities except those indicated by an examining medical doctor.
2. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of activities or travel.
3. I fully understand Somonauk School District does not provide any accident or health coverage for my child while participating in student activities. I fully understand that it is my responsibility to provide insurance coverage for my child. I further agree not to hold the school or anyone else acting in its behalf responsible for any injury occurring to the student named above in the proper course of such student activities or travel.

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Month, date and year) (Signature of Parent or Guardian)

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Month, date and year) (Signature of Student)



Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

## HEALTH AND EMERGENCY INFORMATION FOR ATHLETES

Please complete *both sides* of this form. This form must be completed *each year before* the student will be allowed to practice or play. A copy of this form will be forwarded to the coach.

The physical exam record must be on file with the school prior to a student's participation. Athletes are not allowed to practice until the physical form, athletic fee, and proof of insurance/health and emergency form have been turned into the activities office.

I further understand that a member school of IHSA must adhere to all of the rules and regulations that pertain to the IHSA athletic activities a school may sponsor, but that Somonauk School District rules may be more stringent than IHSA rules. (See District Extra-Curricular Activities Handbook.)

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Physician/clinic \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Insurance \_\_\_\_\_

Non-parent emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

List any health concerns we should be aware of (i.e. allergies, etc.) \_\_\_\_\_

### ATHLETIC HANDBOOK/IHSA

#### Athletic Handbook Receipt Form

I agree to the terms and conditions as stated in the 2016-2017 Extra-Curricular Activities Handbook. **Please note that the handbook outlines expectations for Somonauk extracurricular participants year-round and those signing it are bound to its regulations for a calendar year.**

**The following is a list of offenses that are in reference to the Extra-Curricular Handbook. These offenses apply to students that participate in Extra-Curricular Activities.**

1. Use or possession of drug paraphernalia, alcohol, marijuana, cocaine, inhalants or other controlled substances.
2. Attendance at events where these substances are being used illegally.
3. Use or possession of nicotine products.
4. Commission of theft, vandalism, trespass, or other conduct that is a violation of the criminal code, with the exception of minor traffic offenses.
5. Participation in, encouragement of, or facilitation of hazing or flagrantly inappropriate behavior.
6. Behavior that constitutes gross disobedience or misconduct under the Board Policy.

#### IHSA Concussion Acknowledgement

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-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

OVER

