

ST. CHARLES NORTH HIGH SCHOOL ATHLETIC PHYSICAL & PARENT CONSENT FORM

PLEASE NOTE: PER IHSA RULES, IT IS BEST TO GET THE PHYSICAL EXAM DURING THE SUMMER TO ENSURE A FULL SCHOOL YEAR OF ATHLETIC ELIGIBILITY, AS PHYSICAL EXAMS ARE ONLY VALID FOR 1 CALENDAR YEAR.

ID Number _____
 Last Name _____ First Name _____
 Year in School (circle one) 9 10 11 12
 Home Address _____
 City _____ Zip _____ Phone _____
 Date of Birth _____

Please Write the Name of the sport in the blank. If you play multiple sports indicate the sport for each season.

Fall Sport	Winter Sport	Spring Sport
_____	_____	_____

SCHOOL YOU ATTENDED LAST YEAR: _____ / _____
SCHOOL NAME COMPLETE ADDRESS

Doctor's Permit to Participate & Signature

I have examined this student on this date and find him/her to be physically fit for interscholastic athletics.

_____ M.D. Date _____

This Athletic Physical Form must be on file in the Athletic Office on or before the first day of practice of the athlete's specific sport season. Per Illinois High School Association rules, your physical examination is good for *only one calendar year* from the date of the exam. Please put that date on your yearly schedule, as your student athlete becomes *ineligible* and will not be allowed to play unless a *new* physical is provided by that date. This form also serves as Parent Consent to Participate and Consent to IHSA Random Steroid and Performance-enhancing Supplement Testing.

The Illinois High School Association's Board of Directors approved plans developed by the IHSA's Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing dietary supplements. Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance from the association's banned drug classes, without written permission by a licensed physician, to treat a medical condition, violates IHSA By-law 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school.

No student-athlete may participate in IHSA competition unless the student and the student's parent/guardian consent to random testing. The signatures of you and your student will allow the student to begin practice and competitions immediately. A complete list of the current IHSA Banned Drug Classes and the IHSA Drug Testing Policy can be accessed at: <http://www.ihsa.org/initiatives/sportsMedicine/files/200910%20PED%20program.pdf>

To participate in the interscholastic sports program, a student must have earned 2 credit hours in the previous semester. In addition, the student must maintain passing grades in 2 credit hours per week throughout the season. During an athlete's initial sport season, the athlete and his/her parent will be required to attend an Athletic Code Meeting.

My son/daughter has my permission to practice and compete in the interscholastic program. I assume responsibility in case of accident or injury. By my signature below I/we hereby grant consent to any/all health care providers designated St. Charles North High School, District 303, to provide my child with any necessary medical care as a result of any illness/injury.

Parent Signature _____ Student Signature _____ Date _____
 5/1/2011

**Welcome To
St. Charles North High School
&
St. Charles North ATHLETICS**

-A Quick Facts Guide to Getting Started-

**STEPS YOU MUST COMPLETE TO PARTICIPATE IN THE ATHLETIC PROGRAM
AT ST. CHARLES NORTH**

Obtain a physical from your doctor. The Illinois High School Association and St. Charles North require a valid physical (or proof of a physical) to be on file with the Athletic Department. A valid physical is one that is less than 12 months old. If your physical expires during the course of a season, you will be required to obtain another physical before you are permitted to continue to practice or play.

Have your doctor and parent/legal guardian sign the St. Charles North Athletic Physical and Parent Consent form. This form must be signed once per school year by the parents or legal guardians of every participant.

The Physical and Parent Consent form is best sent to the Athletic Office via mail during the summer – earlier the better). The form must be received prior to the scheduled try out/practice date. It can be brought to the athletic office anytime during the summer; again the sooner the better.

If delivery of the completed form occurs more than one week in advance of your season, your name will be electronically added to your coach's list of eligible participants. If you deliver the document less than one week prior to the start of your season, you may be given a hard-copy "Permit to Participate" form to carry to your initial practice. No student will be permitted to take part in any aspect of a St. Charles North interscholastic sport without completion of the form.

For each successive season you wish to participate in a sport, you must declare your intent/interest to the Athletic Office. Each student, upon sharing their intent to try out by visiting the Athletic Office will be placed on the pre-season coach's list of eligible participants or given a hard-copy "Permit to Participate" form to carry to your initial tryout/practice. As long as your physical remains valid, you will be eligible to attend practice or engage in the tryout process.

If you intend to participate in a St. Charles North interscholastic sport in which the squad may be limited in size, you should consider the following information in advance of the tryout. Although St. Charles North strives to provide the widest array of opportunities for students, we are sometimes required to limit the size of squads due to a variety of factors. It is possible that you may not make the team:

• If you are not selected for the team on which you wish to play, you may wish to take any or all of the following steps:

Speak to the coach of the team about other opportunities to work within the program, be it as manager, statistician, filmer, in computer operations or a variety of other important positions that may be available on any team.

Immediately contact the Head Coach of any program in your season that does not have squad size limitations. Speak to the coach about your interest in participation.

Review the list of St. Charles North intramural offerings and consider joining or forming a team to compete in that season's intramural activities

Speak to an athletic administrator at St. Charles North to seek advice and solicit information.

Consider advancing your skill in any sport of your interest through participation in a municipal, park district or other recreational program.

Investigate other club/activities opportunities at St. Charles North.

**St. Charles North High School
Athletic Department
Emergency Information**

Name: _____ Year in School: Fr Soph Jr Sr

Date of Birth: _____ Age: _____

Sport: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

Father's Name: _____ Work Phone: (____) _____ Cell Phone (____) _____

Mother's Name: _____ Work Phone: (____) _____ Cell Phone (____) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: (____) _____

Physician's Name: _____ Phone: (____) _____

Please indicate ANY medical conditions: allergic reactions, contact lenses (hard/soft), asthma, previous injuries, and current medications (and why), etc.

I give my consent/permission to any supervising coach of any sport in which my child is at or participating in for St. Charles North High School, and the right, on my behalf and in my stand, to arrange for licensed and certified physicians and/or athletic trainers to render and provide immediate treatment to my child as to injuries that may be sustained by my child while participating in such sport, whether directly or indirectly, and whether sustained during practice or in active interscholastic competition, and all without necessity of any further or additional express authorization by me other than for this authorization.

My above permission and consent also extends to the right of any such supervising coach or school personnel to arrange for immediate medical treatment by a licensed or certified physician and/or athletic trainer, and for them to apply such emergency techniques as may be necessary to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment, is deemed reasonably necessary to preserve life or limb of my child.

Signature: _____

Relationship: _____ Date: _____