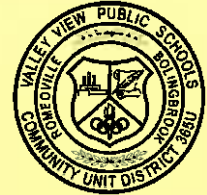




VALLEY VIEW SCHOOL DISTRICT 365U  
**JANE ADDAMS MIDDLE SCHOOL**  
**ATHLETIC AND ACTIVITY**  
**PARTICIPATION/PERMISSION**



*This information sheet is used by the coach/activity sponsor to verify they have the most up to date information about a student participating in a sport or activity. This form may be required for each sport, season, and/or activity. There are participation fees (non-refundable) associated with all sports and most club activities.*

School Year: \_\_\_\_\_ SPORT/ACTIVITY: \_\_\_\_\_ Season: \_\_\_\_\_

**PART 1: STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_ Sex:  Male  
(PLEASE PRINT)  Female

Grade Level: (circle one) 6th 7th 8th Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(PLEASE PRINT)

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**PART 2: IN CASE OF EMERGENCY/INJURY AND /PARENT PERMISSION** (to be completed by parent/guardian)

Emergency Phone #: \_\_\_\_\_ Alt Emergency Phone # \_\_\_\_\_

Health Concerns/Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

In case of a medical emergency/illness/injury that occurs while participating in school sponsored activities, when I cannot be contacted at the phone numbers listed above, I GIVE MY PERMISSION for the school athletic training staff/coaching staff/club sponsor to use their best judgment in seeking emergency medical treatment for my student. I understand that Valley View School District 365U provides accident insurance that covers my student for injuries incurred while they are participating in school sponsored and supervised activities including all athletics. This plan is secondary to any primary health insurance plan my student may currently have.

I am the parent(s)/guardian(s) of the above named student. I have read and understand the information above and have read and signed the IHSA Performance-Enhancing Drug Policy and the Concussion Information Sheet on the reverse side of this form. I understand that sports and activities can involve many risks of injury and agree to hold Valley View School District 365U harmless from any and all liability, actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with the participation of my student in any sport or activity. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the athletic/activity program.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

**PART 3: STUDENT ATHLETIC/ACTIVITY PARTICIPATION AGREEMENT**

I certify that I have received a copy of the school handbook that includes athletic/activity guidelines for participation, including the I.E.S.A. Eligibility Rules and the Athletic Code of Conduct, which prohibits the possession or use of the following: alcoholic beverages, illegal drugs or controlled substances, and tobacco of any form. I also understand that I must have a current athletic physical before I am allowed to participate in any team practice or competition. My participation requires me to be a positive and responsible representative of my school's athletic/activity program, which includes the observance of all team rules and athletic/activity guidelines. I have read and signed IHSA Performance-Enhancing Drug Policy and the Concussion Information sheet on the reverse side of this form.

\_\_\_\_\_  
 Signature of Student Date

**IHSA (Illinois High School Association)  
PERFORMANCE-ENHANCING SUBSTANCE TESTING POLICY  
PARENT AND STUDENT AGREEMENT/ACKNOWLEDGEMENT**

- 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-athlete Name Printed

\_\_\_\_\_  
Student-athlete 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.

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**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. The Return-to-Play Policy of the IESA and IHSA 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 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/Guardian Name Printed

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***Please remove attached additional concussion information and retain***