

**VERNON HILLS HIGH SCHOOL ATHLETIC PARTICIPATION CARD**  
**2011 - 2012**

Name: \_\_\_\_\_

Fall Sport: \_\_\_\_\_

Address: \_\_\_\_\_

Winter Sport: \_\_\_\_\_

\_\_\_\_\_

Spring Sport: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_

**Adult Contact Information**

Parent/Legal Guardian

Parent/Legal Guardian

Emergency Contact Info

Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give my consent and permission to the supervising physician, athletic trainer, and coach of the sport in which my child is participating, the right on my behalf to use their own judgment in securing immediate first aid and/or ambulance transportation, as is reasonably necessary, for any injury sustained by my child in case I cannot be reached. I understand that an attempt will be made, in the most expeditious way possible, to contact a parent/guardian; however, if communication is not possible, the immediate treatment necessary, in the best interest of my child, may be given.

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

\*\*\*Vernon Hills High School does not assume responsibility for medical/hospital expenses resulting from a student's injury as he/she participates in the VHHS athletic program(s). Your signature below indicates you understand and accept our policy.  
 \*\*\*I hereby give permission to my son/daughter to participate in VHHS interscholastic or club sports, and I understand he/she must abide by the rules set forth by the Illinois High School Association (ihsa.org) as well as the rules of VHHS and District 128, as stated in the student handbook (vhscougars.org) and any additional program specific rules (as communicated by the coach).  
 \*\*\*I have read and understand the District 128 Athletic Code of Conduct. I also understand the possible penalties of a violation.  
 \*\*\* A student/athlete must pass 20 hours of schoolwork per week and at the end of the semester. Student athletes must maintain passing grades in a minimum of (4) four credit courses not including physical welfare or driver education.  
 \*\*\* A participation fee of \$40/sport (not including club sports) will be assessed and included in your monthly statement.  
 \*\*\* I understand my child's inability to participate in all types of physical activity, in Physical Welfare classes, will also prohibit him or her from participation in athletic practices and contests. The Physical Welfare Department can and will provide alternate and/or rehabilitative activities for injured student-athletes in consultation with my child's physician.  
 \*\*\* I realize the potential for injury inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rarer occasions, these injuries can be so severe as to result in total disability, paralysis or even death.  
 \*\*\* An athlete is responsible for the return of all school issued equipment/uniforms. I agree to make financial restitution for the replacement cost of any item(s) not returned within 7 days of the conclusion of the season.

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_

Physician's Examination: **Physical is valid for one calendar year only**

By signing and stamping below, I find this student physically fit to participate in interscholastic athletics.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You do not need to complete this box if submitting a physical form.**

\*\*\* Please print and complete backside of this form. \*\*\*

**Health History and Concerns: Please complete the following**

<b>Concern:</b>	<b>Y/N</b>	<b>Comments: Please explain</b>
Allergies/Asthma		
Heart Condition		
Diabetes/Epilepsy		
Sprains/Fractures		
Concussion/Head Injury		
High/Low Blood Pressure		
Skin Conditions/Diseases		
Surgery/Suggested Surgery		
List Current Medications		

Hospital Preference: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_



## IHSA Steroid Testing Policy Consent to Random Testing

In January 2008, the Illinois High School Association’s Board of Directors approved a plan developed by the IHSA s Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing dietary supplements of teams and individuals qualifying for state finals competition.

During the 2011-12 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 that participate in state series competitions 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.

By signing below, we consent to random testing in accordance with the IHSA s steroid testing policy. We understand that, if the student or the student’s team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student s parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at  
[http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA\\_banned\\_drug\\_classes.pdf](http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_drug_classes.pdf).

\_\_\_\_\_  
 Name of student-athlete (Please print)

\_\_\_\_\_  
 Signature of student-athlete

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of parent/guardian

\_\_\_\_\_  
 Date