

Chiddix Junior High School
Athletic Permission/Record 2009-2010
Student Information

Year in School (Please circle) 6 7 8

Student Name _____

Address _____

City _____ Zip _____

Birth date ____/____/____

Parent/Guardian Name _____

Home Phone # _____

Cell Phone # _____

Emergency Contact _____

Relationship _____ Phone # _____

Family Doctor _____ Phone # _____

Hospital Choice _____

Any current or recurring medical conditions?

Explain: _____

Any medication being taken?

Any Allergies?

Name of Insurance: _____

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Cheerleading	Boys Basketball	Track – B & G
Cross Country – B & G	Volleyball	
Softball	Cheerleading	
Baseball	Wrestling	
Girls Basketball	Pom Pons	

This box is for Office Use only		
Fall Sport _____	Physical Date _____	
Winter Sport _____	Academic Eligibility _____	
Spring Sport _____	1 st Sem _____	2 nd Sem _____

Does this student reside full time with parent, custodial parent or court appointed legal guardian?

Yes _____ No _____

Is this student new to Chiddix Junior High or Unit 5 this year?

Yes _____ No _____

Transportation for School Activities

Students must utilize school transportation to and from all school activities for which transportation is provided. For these events, parents of the student may transport their student only if specific arrangements are made in advance with the activity sponsor. Transportation may not be provided in some instances. These instances would include, but not be limited to: practices, athletic contests, music events or club activities held within the Bloomington-Normal area when it is deemed more practical for the students to meet the coach or sponsor at the site. In these cases it will be the responsibility of the parent to arrange safe transportation.

As the parent/legal guardian of the above named student, I give permission for him/her to practice and compete in any of the IESA interscholastic sports or activities offered. I grant my permission for my child to receive medical treatment from a physician, nurse, or other professional personnel, which may be needed, in my absence due to injuries sustained while participating in athletics for a Unit 5 school. Furthermore, **my son/daughter and I have read and understand the Athletic Code** as set forth by Chiddix Junior High School of Unit District #5, and agree to abide by it.

Signature of Parent _____

Date _____

Signature of Student _____

Date _____