

**Normal Community High School
Athletic Permission/Record 2009-2010
Student Information**

ID# _____ School Year 9 10 11 12

Student Name _____

Address _____

City _____ Zip _____

Birthdate ____ / ____ / ____

Parent/Guardian Name _____

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: _____

Does this student reside full time with parent, custodial parent or court appointed legal guardian?
Yes _____ No _____

Is this student new to Unit 5 this Year?
Yes _____ No _____

Sports offered: Please circle one per season

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Cheerleading	Basketball- <i>b&g</i>	Baseball- <i>b</i>
Cross Country	Swim- <i>b</i>	Tennis- <i>b</i>
Golf- <i>b&g</i>	Cheerleading	Soccer- <i>g</i>
Football- <i>b</i>	Wrestling- <i>b</i>	Track- <i>b&g</i>
Soccer- <i>b</i>	Poms	Softball- <i>g</i>
Swim- <i>g</i>		
Tennis- <i>g</i>		
Volleyball- <i>g</i>		

This box is for office use only

Fall Sport _____ Physical Date _____
Winter Sport _____ Academic Eligibility _____
Spring Sport _____ 1st Sem _____ 2nd Sem _____

School Activity Transportation and Athlete Code

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 IHSA interscholastic sports or activities offered. By signing below, I grant my permission for my child to receive treatment from a physician, nurse, or other professional medical 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 Normal Community High School of Unit District #5, and agree to abide by it.

IHSA Steroid Random Testing Policy Consent

Beginning with the 2009-10 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. A complete list of the current IHSA Banned Drug Classes can be accessed at www.IHSA.org. 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.

Signature of parent _____

Date _____

Signature of student _____

Date _____