

Parkside Junior High School  
Athletic Permission/Record 2008-2009  
Student Information

ID# \_\_\_\_\_ School Year 6 7 8

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone # \_\_\_\_\_

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Emergency Contact \_\_\_\_\_

Relationship/Phone # \_\_\_\_\_

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Doctor/Phone # \_\_\_\_\_

Hospital Choice \_\_\_\_\_

Any current or reoccurring medical conditions?  
Explain: \_\_\_\_\_

Any Medication taken?  
\_\_\_\_\_

Any Allergies?  
\_\_\_\_\_

Name of Insurance:  
\_\_\_\_\_

<i>Sports offered:</i> Please circle one per season		
<b><u>Fall</u></b>	<b><u>Winter</u></b>	<b><u>Spring</u></b>
Cheerleading	Boys Basketball	Track
Cross Country (boys/girls)	Volleyball	(boys/girls)
Softball	Cheerleading	
Baseball	Wrestling	
Girls Basketball	Pom Poms	
Pom Poms		

<i>This box is for Office Use only</i>
Fall Sport: _____
Winter Sport: _____
Spring Sport: _____
Academic Eligibility: _____
1 <sup>st</sup> Sem _____ 2 <sup>nd</sup> Sem _____
Physical Date _____

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

Is this student new to Parkside 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 Parkside Junior High School of Unit District #5, and agree to abide by it.

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Parent Signature/Date

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Student Signature/Date