

# 2016-2017 Athletic/Activity Agreement

Instructions: Carefully read all items and **PRINT** all information.

Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Address \_\_\_\_\_

Apt/Bldg/Unit # \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Present year in school (*Check One*):  Senior  Junior  Sophomore  Freshman

## TO THE PARENTS:

- Eligibility:** In order for a student to be eligible to participate in the high school athletic/activity program in the State of Illinois, he/she must have successfully completed and received credit for 25 hours (5 academic subjects) of class work during his/her last semester of high school attendance. Also, he/she is required to make passing grades in at least 25 hours of schoolwork each week during the current semester of his/her participation. No student may participate in any sport for more than 4 seasons.
- Residence:** The parents or legal guardian of the student participating in interscholastic athletics/activities at Argo Community High School must be a resident in the high school district in which he/she attends school, namely District 217. The term "resident" includes person(s) who have established a permanent home and actually live in it physically. A mere declaration of intention to establish a home for the purpose of voting is not sufficient.
- Physical Examination:** Each student who wishes to participate in the athletic program at Argo Community High School must have a doctor's certificate of physical fitness issued just prior to the beginning of the school year or prior to the particular sport season.
- Student Insurance:** School District 217 recommends that all student athletes have hospitalization insurance. If you wish to purchase student accident insurance, you may contact any insurance broker of your choice.  
**School District 217 does not accept liability for athletic/activity related injuries.**
- Training Regulations:** In order for any student to participate in the ACHS Athletic/Activity Program, he/she must adhere to the training rules, including the School Pledge Program outlined in the Student Calendar Handbook, approved by the program. The coaches and the entire Athletic Department will appreciate the whole-hearted cooperation of parents in support of the conduct standards and training regulations for Argo athletes. Students must be in attendance on school days to participate in activities, games, practice, or any school event.

## **Parent's Permission: I HEREBY GIVE APPROVAL FOR MY SON/DAUGHTER TO PARTICIPATE IN:**

\_\_\_\_\_ at ACHS in accordance with the provisions and regulations.

*Sport/Activity*

\_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_  
*Signature of Parent/Guardian* *Date*

Emergency Phone # (\_\_\_\_) \_\_\_\_\_

## TO THE STUDENT:

**Student's Athletic/Activity Agreement:** I hereby request permission to take part in the athletic/activity program at ACHS with full understanding that I will keep myself physically fit and observe the conduct and training rules as prescribed by the Athletic Department. I am fully aware that any infraction of the training rules may result in suspension from the athletic program. I will assume all responsibility for athletic equipment issued to me and agree to pay for any lost, stolen, or damaged equipment, except from ordinary usage. I shall also agree to turn in my equipment immediately at the conclusion of the season or if for any reason I should decide to withdraw from the program. **I understand I cannot quit to join another sport in the same season, unless permission is granted from both coaches involved.**

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

**PLEASE RETURN COMPLETED IHSA PHYSICAL FORM TO THE ATHLETIC OFFICE WITH THIS FORM.**