



NAPERVILLE NORTH HIGH SCHOOL ATHLETIC INFORMATION/RELEASE FORM

SPORT		SCHOOL YEAR (circle one)			
		FR	SO	JR	SR
PLAYER NAME		SCHOOL ID # (required)			
STREET ADDRESS					
CITY		ZIP	HOME PHONE		

MOTHER'S NAME		FATHER'S NAME	
MOTHER'S ADDRESS (only if different than player)		FATHER'S ADDRESS (only if different than player)	
DO BOTH PARENTS LIVE IN DISTRICT 203?		SCHOOL ATTENDED LAST YEAR	
YES NO			
PLEASE LIST ANY MEDICAL CONDITIONS OR CONCERNS WE SHOULD BE AWARE OF:			
EMERGENCY CONTACT NAME		EMERGENCY PHONE NUMBER	

*****A PENALTY CHARGE OF \$25.00 WILL BE ASSESSED FOR ALL RETURNED CHECKS*****

<p>INSURANCE INFORMATION</p> <p>Naperville Community Unit School District 203 maintains student school time insurance that includes any school sponsored and/or supervised activity, including athletics (including football & lacrosse). If students have other insurance coverage, District insurance is secondary. The program administrators are Zevitz-Redfield & Associates, Inc. Claim forms are available in each school building.</p>	FATHER'S E-MAIL ADDRESS
	MOTHER'S E-MAIL ADDRESS
	School District #203 does not assume financial responsibility for accidents incurred in athletics. Parents/guardians must give consent for their son/daughter's participation in the athletic program.
I HEREBY GIVE MY SON/DAUGHTER MY CONSENT TO PARTICIPATE IN:	
SPORT	PARENT/GUARDIAN SIGNATURE

EMERGENCY MEDICAL INFORMATION

If I can not be reached, and if in the judgment of school authorities immediate medical attention is indicated, authorize responsible school personnel to send my son/daughter to an available doctor or hospital.

DOCTOR PREFERENCE	HOSPITAL

It is my understanding that a current physical MUST be on file with the Athletic Office.

By affixing my signature to this form, I do affirm that I have read and reviewed the Revised Co-Curricular Participation Code in its entirety and understand all the rules governing participation at Naperville North High School.

By signing below, we also agree to random testing in accordance with the IHSA's Steroid Testing Policy. No student-athlete may participate in IHSA State series without this consent.

PARENT/GUARDIAN SIGNATURE DATE

STUDENT SIGNATURE DATE

**COMPLETE BOTH SIDES & RETURN TO ATHLETIC OFFICE
WITH COPY OF CURRENT PHYSICAL!!!!!!!**

FOR NNHS ATHLETIC DEPARTMENT USE

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Parent and Student Agreement/Acknowledgement Form Performance-Enhancing Substance Testing Policy

- Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I understand that testing may occur during selected IHSA state series events or during the school day. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA.

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I understand that testing may occur during selected IHSA state series events or during the school day. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Sport _____

Student ID# _____

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



Personal Information Request Form (Cell #s)

Program/Class: _____ Naperville North Athletics _____

Name of District staff: _____ Coach of Student's Team _____

In order to more effectively communicate with our student-athletes the coaches would like permission to call/text your child regarding schedule changes, etc.

Please complete the information below and return prior to try-outs.

INFORMATION: (If you have questions about the use of this information, please contact the staff person directly.)

Student name: _____

Cell number: _____

Please copy us on texts sent to our student :

My/our cell number(s): _____

Approval to: Yes No

Text

Call

Parent/Guardian Signature _____

Date _____