

**ONLINE ATHLETIC REGISTRATION  
GLENBARD TOWNSHIP HIGH SCHOOL DISTRICT 87  
AGREEMENT TO PARTICIPATE**

Student's Name (please print): \_\_\_\_\_ ID #: \_\_\_\_\_ Year (circle): FR, SO, JR, SR  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
**Transfer Student Only:** Previous School: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Extracurricular Code Agreement and Concussion Information Acknowledgement**

Each student and his or her parent/guardian must read and sign this Agreement each year before being allowed to participate in interscholastic sports(s).

1. I wish to participate in the interscholastic sport(s) in Glenbard High School District 87.
2. Before I will be allowed to participate, I must provide the School District with a certificate of physical fitness and complete any forms required by the Illinois High School Association (IHSA).
3. I acknowledge that I have received a copy of the Glenbard High School District 87 Extracurricular Code. I have read, understand, and agree to abide by all the information in the Extracurricular Code. I agree to behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules. I also understand that the Student Handbook, Board policy 7:190 regarding student discipline, and all other Board policies will remain in effect for one (1) calendar year from the date of signing. This includes winter break, spring break, and the summer months.
4. I acknowledge that I have received and read the Concussion Information Sheet. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires among other things that a student athlete who exhibits signs and symptoms or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
5. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sports(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s). The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

To be read and signed by the parent/guardian of the student:

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the interscholastic sport(s) indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I acknowledge having received the attached Concussion Information Sheet.
3. I understand that all sports can involve many risks of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I have received a copy of the Student Accident Benefits. I understand that football is excluded from coverage and that I may purchase optional football coverage. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sports(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport(s) or athletics.

FOR OFFICE USE ONLY						
<b>DLP:</b>						
Fall:	DP	\$	✓	#	online	other
Winter:	DP	\$	✓	#	online	other
Spring:	DP	\$	✓	#	online	other



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

My signature below acknowledges that I have read, understand and agree to abide by the terms listed under Athletic Code Agreement and Concussion Information on the other side of this form. I have received a copy of the Glenbard Athletic Code and Concussion Information Sheet.

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 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.

Fall: (Student Signature) (Date) Winter: (Student Signature) (Date) Spring: (Student Signature) (Date)
(Sport/Level) (Sport/Level) (Sport/Level)

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

My signature below acknowledges that I have read, understand and agree to abide by the terms listed under Athletic Code Agreement and Concussion Information on the other side of this form. I have received a copy of the Concussion Information Sheet. I affirm that I have read and reviewed the Training Code in its entirety and understand all the rules governing participation.

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 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.

Student athletes will be asked to sign this Glenbard High School District #87 Athletic Code Agreement prior to each season in which they participate. The parent's signature is only required once per school year.

(PLEASE PRINT - Parent/Guardian Name) (Parent/Guardian Signature) (Date)

EMERGENCY CONTACT INFORMATION

Student Name: Birthdate: Home Phone:
Father's Name: Work #: Cell #:
Mother's Name: Work #: Cell #:
Emergency Contact: Phone #: Relationship:
Emergency Contact: Phone #: Relationship:

EMERGENCY MEDICAL INFORMATION

Please list any medical conditions or concerns we should be aware of:

List any medications student is taking:

If I cannot be reached, and if in the judgment of school authorities immediate medical attention is indicated, I authorize responsible school personnel to send my son/daughter to an available doctor or hospital. It is my understanding that a current physical MUST be on file with the Athletic Office.

Doctor's Name: Phone: