


# How to Register your student for Athletics

- 1) Login to your PowerSchool Parent Portal account.

The PowerSchool Parent Portal can be found at <https://ps.d94.org> or by going to the school's website ([www.d94.org](http://www.d94.org)) and following this path: For Parents → PowerSchool – parents

If you are having trouble remembering your login information, please contact Beth Schuck (English) at (630) 876-6227 or [bschuck@d94.org](mailto:bschuck@d94.org) or Viviana Cuautle (Spanish) at (630)876-6310 or [vcuautle@d94.org](mailto:vcuautle@d94.org)

- 2) Once in the portal, click  from the menu on the left

- 3) Fill out the form on screen and click Submit when finished (detailed instructions below)

## FOR ATHLETES ONLY

**ATHLETIC PERMISSION FORMS**

FALL SPORT:  WINTER SPORT:  SPRING SPORT:  **1**

District Policy **REQUIRES** parents/guardians to certify that their daughter/son is covered for athletic participation by either family insurance, student accident insurance, or football participation insurance. If you need to purchase insurance for your child, please call the nurse at (630)876-6245.

My child is covered by the following family insurance plan: Name of Insurance:  Policy#:  **2**

We do not have family insurance. We have purchased student insurance on this date:

Hospital Preference:  **3**

Students **WILL NOT** be allowed to participate until a copy of the current physical is provided to the Athletic Office. Please fax copy to (630)876-6281 or email to [rcampos@d94.org](mailto:rcampos@d94.org)

Date of Student's Current Physical: 07/12/2016#

**THIS BOX MUST BE CHECKED**  TO CERTIFY THAT DAUGHTER/SON IS COVERED BY INSURANCE FOR ATHLETIC PARTICIPATION

**THIS BOX MUST BE CHECKED**  TO CERTIFY THAT PARENT REVIEWED&ACCEPTED THE ATHLETIC CONCUSSION FORM [READ CONCUSSION FORM](#) **4**

**THIS BOX MUST BE CHECKED**  TO CERTIFY THAT PARENT REVIEWED&ACCEPTED THE ATHLETIC PERMISSION FORM [READ PERMISSION FORM](#)

**THIS BOX MUST BE CHECKED**  TO CERTIFY THAT STUDENT REVIEWED&ACCEPTED THE ATHLETIC PERMISSION FORM [READ PERMISSION FORM](#)

Complete this area **ONLY** if you have transferred from another high school.

Name of School Transferred From:  **5**

Address of School Transferred From:

List sports and year of participation:  **6**

**Submit**

- 1) Use the drop down boxes to select the applicable sport(s).
- 2) Enter the Name and Policy # of your family insurance plan. If you do not have family insurance, enter the date you purchased student insurance in the next box. Enter your Hospital Preference (if applicable).
- 3) Enter the date of your student's current physical. Remember to fax or email a copy to the athletic office.
- 4) Check each of the four boxes to indicate that:
  - Your student is covered by insurance for Athletic Participation
  - You have reviewed and accepted the Athletic Concussion Form
  - You have reviewed and accepted the Athletic Permission Form
  - Your student has reviewed and accepted the Athletic Permission Form
- 5) Only complete the yellow area if your student has transferred from another high school.
- 6) Click Submit

PowerSchool will redirect you to the webstore where, if you choose to, you may pay the participation fee using a credit card. If you've already paid or do not wish to pay at this time, simply close your browser to exit.