

MARIAN CATHOLIC HIGH SCHOOL

2016-2017 Athletic Participation Form

STUDENT INFORMATION

Your student has indicated a desire to participate in interscholastic sports at "Marian Catholic High School". This athletic Participation Form must be completed and on file in the school Athletic Department Office before your student will be allowed to tryout participate in a sports discipline.

Student _____ **Address** _____

City _____ **State** _____ **Zip** _____

Date of Birth ___/___/___ **Year In School 2016-17 (Circle One)** FR SO JR SR

Home Phone (____) _____ **Emergency Phone** (____) _____

INSURANCE INFORMATION

My student _____ is insured for accident and injury under the parent primary insurance policy as indicated with the following information:

INSURANCE COMPANY _____ **POLICY NUMBER** _____ **EXPIRATION DATE** _____

For students not insured through the parent's plan or those who seek supplemental coverage, coverage may be purchased from **Special Markets Insurance Consultants (SMIC)**. ALL SMIC INSURANCE MUST BE PURCHASED ON-LINE PRIOR TO TRYOUTS OR PARTICIPATION IN A SPORTS DISCIPLINE. A link has been provided on the Marian Catholic High School athletic home page.

As parent / guardian, I purchased coverage from SMIC.

PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Parent (s) Pre-Alert: Parents - Please check if there are any problems with any of the following:

- Neck Shoulder Elbow Wrist Hand Knee Ankle Foot Skin Hips
 Lungs Arms Hands Head Heart Eyes Legs Mouth Ears Back
 Nose Throat Abdomen Urination Mental Emotional Fatigue Muscle Nutrition
 Strength Seizures Weight Control Bowel Control Sickle Cell Disease

Expalin Any Checked Areas:

Does this student have any history of asthma? Yes No
 Does this student need to utilize a medical inhaler? Yes No

Trainer (s) Evaluation: Height _____ Weight _____ Blood Pressure _____ Pulse _____

Musculo-Skeletal Exam

Neck Back Shoulder/Arm Wrist/Hand Leg/Ankle Hip/Thigh/Knee Foot Elbow/Forearm

Doctor (s) Evaluation:

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
01. Skin	_____	_____	02. HEENT	_____	_____	03. Lungs	_____	_____
04. Heart	_____	_____	05. Breasts	_____	_____	06. Genital/Hernia	_____	_____
07. Neurological	_____	_____	08. Posture	_____	_____			

Assessment

Clearance without limitation
 Clearance deferred – Reason _____ **(Physician's Signature)** **(Date)**
 Clearance with limitation _____
 Disqualification – Reason _____ **(Physician's Phone Number)**

PARENTAL/STUDENT VERIFICATION

By affixing my signature to this form, I declare that I have read, understand, and verify all information on the front and back of this form and agree to all terms contained in it:

(Parent Signature)

(Date)

(Student Signature)

(Date)

INSURANCE

All students who participate in interscholastic athletics at "Marian Catholic High School" MUST carry insurance. The primary carrier is the Parent's Health Benefits and Major Medical Coverage. All claims should be processed through the primary carrier.

HOLD HARMLESS

I / we, as parent (s) / guardian (s) of the student, acknowledge that there is an inherent danger of injury or death when participating in athletics. I / we release Marian Catholic High School and its employees from any liability accruing from our student's participation in athletics. In the event of accident, emergency, or illness, and I / we cannot be reached immediately; I / we hereby authorize the coach or athletic trainer in charge to provide such first aid deemed necessary and advisable.

HOSPITAL

If, in the judgment of school authorities, physician/medical personnel are needed and the parent(s) / guardian(s) cannot be contacted, school authorities will call the Chicago Heights Fire Department for paramedic assistance. Students will typically be transported to **ST JAMES HOSPITAL** (Lincoln Highway and Chicago Road - Chicago Heights, Illinois) if that type of care is determined. If transportation is needed, I / we, as parent (s) / guardian (s) of said student, agree that the named student may be transported in a privately owned vehicle, or in a commercial vehicle, i.e. taxi or ambulance. I / we, as parent (s) / guardian (s) of named student, agree to assume all responsibility and expenses, including transportation incurred by the handling of emergency care.

PARENT AND STUDENT AGREEMENT/ACKNOWLEDGEMENT FORM – Performance-Enhancing Substance Testing Policy

- Illinois state law prohibits possessing, 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 also 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 banned substances including but not limited to performance enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol and the policy of the school ("banned substances"). It is my responsibility to review and understand the IHSA protocol and school policy. I have read this form and understand that I may be asked to submit to testing for the presence of banned substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory selected by the school. 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 banned substance testing may be provided to certain individuals in my high school. I understand and agree that the results of the banned 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 and/or the school.

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 banned substance use and may be asked to submit to testing for the presence of banned substances in his/her body. I understand and agree that testing may occur during selected IHSA state series events or during the school day. I do hereby consent and submit my child to such testing and analysis by a certified laboratory selected by the school. I further understand and agree that the results of the banned substance testing may be provided to certain individuals in my high school. I understand and agree that the results of the banned 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 and/or the school.

PHOTOGRAPH OR VIDEOTAPE CONSENT – REMINDER: Parent (s) / guardian (s) signatures on the original school registration form apply for use of photographs / videos from athletic contests for the duration of the student's involvement.

CONSENT TO TREAT AND AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I / we, as parent (s) / guardian (s) of the identified student, authorize and consent to necessary treatment / care as determined by the athletic trainers employed by Athletico. I / we understand a continuing responsibility to report all injuries or illnesses immediately to the licensed trainer and to follow the direction of the physician, athletic trainer, and coach concerning the prevention, treatment, and rehabilitation of injuries. A family member can be reached at the home number listed on this form or the emergency number identified on this form in the case that additional treatment or information is required. It is understood that if there is a need to be seen by a physician and insurance requires prior approval, it will be the responsibility of the family to notify the physician.

Signature on this form authorizes the release of any and all information regarding any medical treatment received by for injury or illness while participating in extracurricular activities.

Communication between the assigned athletic trainer employed by Athletico and the physicians or athletic trainers from my home institution or organization regarding my physical condition is authorized as it relates to participation.

The Sports Medicine Team is authorized to release said information to said institution's administration and to current coaching staff members for the purpose of informing them of the playing status of named individual. The Sports Medicine Team may disclose information to the aforementioned individuals; however, this does not prevent those individuals from disclosing the information further, and the Sports Medicine Team will not be held responsible for such further disclosure of information.

This authorization is valid until and unless revoked by me in writing. A photocopy of this authorization shall be considered as valid as the original.