

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.

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

INSURANCE COMPANY _____

POLICY NUMBER _____

EXPIRATION DATE _____

KIND OF POLICY _____

For students not insured through the parent's plan or those who seek supplemental coverage, additional coverage may be purchased from the school plans offered by Security Insurance Company. Brochure will be sent home upon request.

As parent / guardian, I choose to purchase coverage from Security Insurance Company as primary insurance coverage and/or supplemental insurance coverage. ***(Please check if this is a necessary option and provide a copy of the insurance card).***

The Security general insurance package does not cover participation in Football. There is a separate insurance coverage available for Football. Please contact the Athletic Department if there is a need for Football insurance coverage.

INSURANCE INFORMATION MUST BE ON FILE BEFORE STUDENT WILL BE ALLOWED TO TRY OUT OR PARTICIPATE IN A SPORT DISCIPLINE

HOLD HARMLESS

I/We, as parent(s)/guardian(s), release Marian Catholic High School and its employees from any liability accruing from participation in athletics. In the event of accident, emergency, or illness, and I/We cannot be reached immediately; I/We hereby authorize the coach 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 always 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, 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.

PHYSICAL INFORMATION AND INSURANCE INFORMATION MUST BE ON FILE BEFORE STUDENT WILL BE ALLOWED TO TRY OUT OR PARTICIPATE IN A SPORT DISCIPLINE



IHSA Steroid Testing Policy Consent to Random Testing

In January 2008, the Illinois High School Association's Board of Directors approved a plan developed by the IHSA's Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing dietary supplements of teams and individuals qualifying for state finals competition.

Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance from the association's banned drug classes, without written permission by a licensed physician, to treat a medical condition, violates IHSA By-law 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly

selected individuals and teams that participate in state series competitions for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school.

By signing, we consent to random testing in accordance with the IHSA's steroid testing policy. We understand that, if the student or the student's team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student's parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at:

http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_list-2007-08.pdf

Photograph or Videotape Consent Form

Pictures of Unnamed Students.

Students may appear in photographs and videotapes taken by school staff members, other students, or other individuals authorized by the building Principal. The school may use these pictures, without identifying the student, in various publications, including the school yearbook, school newspaper, and school website. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or a school-related activity.

Pictures of Named Students.

Many times, however, the school will want to identify a student in a school picture. School officials want to acknowledge those students who participate in a school activity or deserve special recognition.

In order for the school to publish a picture with a student identified by name, one of the student's parents or guardians must sign a consent form. Your signature on this form allows the school to publish and use photographs and videotapes, with your child or ward identified, while he or she is enrolled in this school.

I grant consent to Marian Catholic High School to identify a picture of my child or ward, by full name and/or the school he or she attends, in any school sponsored material, publication, videotape, or website. This consent is valid for the entire time my child or ward is enrolled at the high school. I may revoke this consent at any time by notifying the Building Principal.

Pictures of Students Taken by Non-School Agencies.

The school attempts to limit access to school buildings by outside photographers. It has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not identify a student for an outside photographer.

Pre-Participation Physical Examination Form

Height _____ Weight _____

Blood Pressure _____ Pulse _____

TESTING	NORMAL	ABNORMAL
1. General	_____	_____
2. Sight	_____	_____
3. HEENT	_____	_____
4. Teeth	_____	_____
5. Neck	_____	_____
6. Lungs	_____	_____
7. Heart	_____	_____
8. Breasts	_____	_____
9. Abdomen	_____	_____
10. Genital	_____	_____
(Hernia)	_____	_____
11. Neurological	_____	_____
12. Posture	_____	_____
13. Back	_____	_____
14. Muscular-Skeletal	_____	_____
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____
15. Contagion	_____	_____

Please check if there are any problems with any of the following:

_____ Skin	_____ Lungs	_____ Shoulder
_____ Arms	_____ Hands	_____ Head
_____ Heart	_____ Eyes	_____ Abdomen
_____ Hips	_____ Legs	_____ Feet
_____ Ears	_____ Back	_____ Bowel Control
_____ Nose	_____ Urination	_____ Throat
_____ Mouth	_____ Mental	_____ Weight Control
_____ Emotional	_____ Nutrition	_____ Fatigue
_____ Neck	_____ Muscle	_____ Strength
_____ Other		

Does this student have any history of asthma? ___Yes ___No

Does this student need to utilize a medical inhaler? ___Yes ___No

Assessment

_____ Clearance without limitation
 _____ Clearance deferred – Reason _____
 _____ Clearance with limitation _____
 _____ Disqualification – Reason _____

(Physician's Signature)

(Physician's Phone Number)

Parental Verification

By affixing my signature to this form, I declare that I have read, understand, and verify all information as supplied for the following:

- School Information;
- Insurance

By affixing my signature to this form, I declare that I have read, understand, and agree with the policies as set forth for the following:

- Hold Harmless;
- Hospital;
- IHSA Steroid Testing Policy Consent
- Photograph or Videotape Consent;

By affixing my signature to this form, I declare that my son/daughter has had a Pre-Participation Physical Examination

(Parent Signature)

(Date)

**MARIAN CATHOLIC HIGH SCHOOL
 2009-2010 Athletic Participation Form**

SCHOOL INFORMATION

Your son/daughter has indicated a desire to participate in interscholastic sports at Marian Catholic High School. The following **Information** and **Physical Form** must be completed and on file in the Athletic Department Office before your son/daughter will be allowed to participate.

STUDENT NAME

Address _____

City _____

State _____ **Zip** _____

Home Phone (____) _____

Emergency Phone (____) _____

Date of Birth ____/____/____

Place of Birth _____
 County State

Year In School (Circle) FR SO JR SR