

**DEKALB HIGH SCHOOL  
ATHLETIC DEPARTMENT**

Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(other than above)

Sport \_\_\_\_\_

Level \_\_\_\_\_

Year in School \_\_\_\_\_

Sex \_\_\_\_\_

Birthplace \_\_\_\_\_

Birth date \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Phone \_\_\_\_\_

**OFFICE USE ONLY** Physical Date \_\_\_\_\_  
Athletic Participation Fee \_\_\_\_\_  
(Athlete's 3<sup>rd</sup> sport in same school year is free)

Expiration Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

IHSA Drug Testing Form \_\_\_\_\_

As parent/guardian of \_\_\_\_\_, I hereby give permission for her/him to participate in athletics in DeKalb School District #428. I also give my permission for emergency medical care if I cannot be contacted in case of injury.

As a participant, I will be responsible for obeying the training rules as determined by the school and head coach. As a participant, I will be responsible for the return of all equipment issued to me and will not be allowed to participate in the next sport until all equipment is returned or been paid for.

As a participant, I understand DeKalb School District #428 will provide safe equipment for my use and coaches will follow sound teaching procedures in all activities. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction.

Some DeKalb School District #428 sanctioned activities take place at the DeKalb Park District Rec Center. All school rules apply to these School District #428 sanctioned events and the DeKalb Park District assumes no liability.

I also understand that through participation in the above activity, I am risking the possibility of serious injury and accept that risk. To date, there are no proven cases of HIV or Hepatitis B transmission through athletic competition. I understand that some competitors may be HIV/Hepatitis B positive and that I risk a theoretical possibility of exposure to HIV/Hepatitis B infection if I am exposed to blood in practice and/or competition.

Athletics and Activities often receive publicity over the airwaves, on the District #428 website, in the print media, and in programs. You should be aware that your son/daughter's picture or name may be used or appear in any or all of the above.

Current physical, sport permission sheet and IHSA drug testing form signed by student and parent/guardian, and \$100 fee will be in the Athletic Office before I start practice in the above sport. If cuts are necessary only the \$100 fee is refundable. Athlete's 3<sup>rd</sup> sport in a school year is free.

DeKalb School District #428 will provide secondary insurance coverage. However, there may be a deductible per injury on the school district coverage.

My parent(s)/guardian(s) and I have read the above statement and the code of conduct. I understand that it is my responsibility to be knowledgeable of its contents. I understand and agree that I will contact any coach or administrator immediately with any questions or misunderstandings I may have regarding my rights and/or responsibilities.

Signed, Athlete \_\_\_\_\_

Signed, Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

[ver. 06.16.08] (Office-White, Pink-Coach, Yellow-Trainer, Goldenrod-Parent)