

Athletes may not tryout unless their physical covers them for the entire sport season.

**2008-2009
OPRFHS
ATHLETIC PARTICIPATION FORM**

Paper
Physical
Grades
Obligations

PLEASE USE BLACK OR BLUE INK
PLEASE DO NOT FOLD

NAME: _____ Sport/Activity: _____
Please Print

STUDENT I.D. NUMBER: _____ Year In School: FR. _____ SO. _____ JR. _____ SR. _____

Are you a Transfer student Yes _____ No _____ If Yes, where? _____

Are you a Foreign Exchange Student? Yes _____ No _____

My child/guardian has permission to participate in the OPRFHS Athletic Program. I understand that the school is not liable for any injuries my child may receive while participating. While participating, I furthermore consent to any treatment deemed necessary by a licensed physician or athletic trainer designated by the school for any illness or injury resulting from his or her participation. Every effort will be made to contact the parent/guardian to explain the nature of the problem prior to any involved treatment.

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 below, 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.

Parent/Guardian Name _____ Signature _____

Parent/Guardian Home Phone _____

Parent/Guardian Work Phone _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION FOR ATHLETIC DEPARTMENT AND ATHLETIC TRAINERS
MUST BE COMPLETED FOR EVERY SEASON

MEDICAL INFORMATION

Name of Doctor _____ Phone _____

Name of Insurance Carrier _____ Policy and Group # _____

Does your student have any allergies and/or medical conditions on file with the school nurse?

Yes (please specify) _____

No _____

ADDITIONAL EMERGENCY CONTACTS

Contact the following individuals in this sequence if custodial guardians (listed above) cannot be reached:

Name	Relationship	Home Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____