

Alleman High School ♦ 2016-17 Academic Year

PARENTAL / GUARDIAN CONSENT FORM

Participation, Liability Waiver *and* IHSA Performance Enhancing Substance Testing

Student Participant's Name (print): _____
Birth Date: _____ Male/Female: _____ Grade: _____
Parent/Guardian's Name (print): _____
Home Address: _____

PARTICIPATION

As parent and/or legal guardian, I give permission for my son/daughter named above to participate in the following interscholastic athletics for the 2016-2017 school year. Please check sport by season:

<u>FALL</u>		<u>WINTER</u>		<u>SPRING</u>	
<input type="checkbox"/> Football	<input type="checkbox"/> Boys Soccer	<input type="checkbox"/> Girls Basketball	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Baseball	<input type="checkbox"/> Girls Track
<input type="checkbox"/> B/G Golf	<input type="checkbox"/> B/G Cross Country	<input type="checkbox"/> Boys Basketball	<input type="checkbox"/> Emeralds	<input type="checkbox"/> Softball	<input type="checkbox"/> Boys Track
<input type="checkbox"/> Girls Tennis	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Girls Soccer	
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Girls Swimming	<input type="checkbox"/> Boys Swimming		<input type="checkbox"/> Boys Tennis	

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I am aware that participating in sports may involve travel to practices and games. I acknowledge and accept the risks involved with my child's travel. I further understand that participation in sports presents to my child the risk of harm, including, but not limited to, serious personal injury or death. Any questions I have concerning my child's participation have been answered.

LIABILITY WAIVER

In consideration of my child being allowed to participate in the sport(s) indicated above, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Catholic Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation. Also, I give my consent and approval for my child's name and picture to be printed in any sports program, publication, or video.

As a parent/guardian, I further acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering important learning experiences for the students. Therefore, I will show respect for all players, coaches, spectators, and officials. I will only participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by a Catholic school. I accept the responsibility that comes with being a parent/guardian of a student-athlete.

I certify that I have or will read the Alleman Disciplinary Code and Athletic/Cheerleader Code and agree to abide by the rules and regulations as set forth. In addition, I am aware that in order for my child to participate he/she must be in attendance at a team rules meeting. The coach will discuss consequences for inappropriate behavior on and off the field/court including consequences for involvement with drugs, alcohol, tobacco, controlled substance analog and other major or grave offenses which are detailed in the Parent/Student Handbook. I also understand that to be eligible to play, athletes must be passing a minimum of five (5) classes (excluding Drivers Education), meet IHSA eligibility requirements and team rules.

Parent/Guardian Signature _____ Date ____/____/____

IHSA PERFORMANCE-ENHANCING SUBSTANCE TESTING AGREEMENT/ACKNOWLEDGEMENT

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during the IHSA State Series or during the school day/year, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website (www.ihsa.org). We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by the IHSA.

More information & complete list of current IHSA Banned Substance Classes found at www.ihsa.org under Sports Medicine

_____/_____/_____
Signature of Parent/Guardian Date Signature of Student-Athlete Date