LEXINGTON JR/SR HIGH SCHOOL
ATHLETIC PERMISSION/INFORMATION FORM
School Year: 2010-2011

FOR OFFICE USE ONLY:	Registration Complete: _____
Fall Sport: _____	Year in School: 7 8 9 10 11 12
Winter Sport: _____	Physical Date: _____
Spring Sport: _____	Academic Elig. Yes No

ALL ATHLETES MUST HAVE A CURRENT PHYSICAL ON FILE AT THE SCHOOL.

PLEASE READ AND COMPLETE ALL FIVE SECTIONS OF THIS FORM.

SECTION #1 STUDENT INFORMATION

Student Name: _____ Gender: M F Home Phone: _____ Parent Cell Phone: _____

Address _____ Parent Work Phone: _____ Student Cell Phone: _____

Birthdate: _____/_____/_____ Year in School: _____ School attended last year: _____

Emergency Contact: _____ Phone: _____ Hospital to be transported to in case of injury: _____

Parent/Guardian Names: _____ Parent/Guardian Email Address: _____

SECTION #2 INSURANCE INFORMATION

STUDENT ATHLETIC INSURANCE WAIVER AND RELEASE

We, the undersigned, represent to the Lexington Community School District #7 Board of Education that we have obtained from our own private insurance carrier, a policy or policies of insurance providing hospital and medical coverage which will pay hospital and medical bills which might be involved in the care of the undersigned student in the event he/she might be injured while participating in the athletic programs carried on by said Board of Education. We further represent that our private insurance carrier and policy number is listed below. We further represent that such policy or policies are in full force and effect and that the premiums are paid thereon during all times when the undersigned is participating in athletic programs conducted by said Board of Education. Accordingly, we and each of us elect not to be enrolled in the Athletic Program Insurance Plan offered by said Board of Education and waive our rights to be enrolled there under and hereby release said Board of Education from all liability for injuries which the undersigned student might sustain while participating in the athletic programs conducted by said Board of Education.

Insurance Carrier: _____ Policy Number: _____

SECTION #3 ATHLETIC CODE FOR STUDENTS AND PARENTS

STUDENTS:
I agree to abide by the rules contained in the school athletic code, which is included in the student handbook. I understand and acknowledge that even with the best coaching and supervision, injuries are a possibility in any athletic activity and I accept the risks of athletic participation. Except with respect to the use of prescription drugs for me by a medical doctor when used by me in the manner intended by the prescribing medical doctor, I promise that I will not possess, use, distribute, purchase, or sell any alcoholic beverage, drug, drug paraphernalia, controlled substance, look-alike, tobacco or tobacco product, or any other substance which, when taken into the human body is intended to alter mood or mental state, including any item or substance which is represented by me or anyone else to be, or is believed by me or anyone else to be any of the above, regardless of the true nature or appearance of the substance for so long as I am a student-athlete within the meaning of the Lexington Community Unit School District No. 7 Athletic Code or subject to its terms and conditions. ***I also understand that I am subject to the rules and regulations of the random drug testing program administered by the Illinois High School Association (High School only).*** My signature at the bottom of this page represents my acceptance of these policies.

PARENTS:
I agree to abide by the rules listed in this document regarding sportsmanship and my communication with players, coaches, officials, opposing players, and other spectators. In my association with Lexington athletics, I will not injure, threaten, harass, or intimidate a staff member, a school board member, sports official, coach, or any other person. I will not damage or threaten to damage other's property. I will not impede, delay, disrupt, or otherwise interfere with any school activity or function (including using cellular phones in a disruptive manner). I will not possess a weapon or illicit drugs and will not drink alcohol or be intoxicated at school events. I will not approach coaches with complaints before, during, or after a contest. I will not advise the coach on how to do his/her job. As a spectator, I will not coach my child during the contest. I will not make insulting comments to players, parents, officials, or coaches of either team. I will support my child and be a positive spectator. If I have questions or complaints about the athletic program, I will schedule a meeting with the coach, principal, or athletic director at least one day after the contest. I understand that the emphasis on winning increases from the Junior High through the High School years and that playing time may not be equally distributed and that there may be some contests in which some players do not get into the game. My signature at the bottom of this page represents my acceptance of these policies.

SECTION #4 ACTIVITY FEE

***Note: Those receiving free lunch are exempt from paying this fee.

Please check the statement that is most appropriate for your situation. Student-athletes are ineligible to participate in games until the activity fee is paid.

_____ I am paying now or have already paid the $50 activity fee for this student-athlete.

_____ I will pay the $50 activity fee for this student-athlete prior to his/her first game.

_____ Exempt from paying fee

Office Use Only:
Confirmation: _____

SECTION #5 SIGNATURES

As a parent/guardian of the above named student, I give my permission for him/her to practice and compete in sports and activities at Lexington High School. My signature indicates that I have read and understand the statements and policies listed above.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

THIS FORM CAN BE TURNED IN AT THE HIGH SCHOOL OFFICE OR TO YOUR COACH.