

JOLIET CATHOLIC ACADEMY
ATHLETIC PARTICIPATION AND INSURANCE FORM
****PLEASE COMPLETE AND SIGN BOTH SIDES****

ATHLETE'S NAME _____ SEX M ___ F ___
(LAST, FIRST, MI)

ADDRESS _____ GRADE 9 10 11 12

CITY, STATE, ZIP _____

DATE OF BIRTH _____ HOME PHONE () _____

SPORT NAME FALL _____ WINTER _____ SPRING _____

PARENTS'/GUARDIANS' NAMES _____

PARENTS' WORK PHONE NUMBERS _____

FAMILY DOCTOR _____ DOCTOR'S PHONE _____

LOCAL HOSPITAL PREFERENCE _____

ATHLETE IS ALLERGIC TO _____

WE CERTIFY THAT WE HAVE RECEIVED AND READ THE JCA STUDENT HANDBOOK.
WE UNDERSTAND THE GUIDELINES INCLUDING THE ELIGIBILITY RULES.

x _____
STUDENT/ATHLETE SIGNATURE

x _____
PARENT/GUARDIAN SIGNATURE

DATE _____

DATE _____

I GIVE CONSENT FOR MY SON/DAUGHTER TO REPRESENT JCA AND TO ACCOMPANY ANY SCHOOL TEAM WHICH HE/SHE IS A MEMBER ON ANY LOCAL OR OUT-OF-TOWN TRIPS. I AUTHORIZE THE COACH/SCHOOL REPRESENTATIVE TO USE THEIR BEST JUDGEMENT IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY SON/DAUGHTER. I AGREE NOT TO HOLD THE SCHOOL OR ANYONE ACTING IN THEIR BEHALF RESPONSIBLE FOR ANY INJURY OCCURRING TO THE ABOVE NAMED STUDENT-ATHLETE IN THE COURSE OF SUCH ATHLETIC ACTIVITIES OR TRAVEL.

A STUDENT-ATHLETE MUST BE COVERED WITH EITHER SCHOOL INSURANCE OR FAMILY INSURANCE.

MY SON/DAUGHTER IS COVERED BY:

- SCHOOL INSURANCE
- FOOTBALL INSURANCE
- FAMILY INSURANCE COMPANY'S NAME _____

POLICY # _____

x _____
PARENT/GUARDIAN SIGNATURE

STEROID TESTING POLICY/CONSENT

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.

During the 2009-10 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.

A complete list of the current IHSA Banned Drug Classes can be accessed at:
http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_drug_classes.pdf

X _____
STUDENT SIGNATURE

DATE

X _____
PARENT SIGNATURE

DATE