

**Community High School District 94
West Chicago, IL
ATHLETIC PERMISSION FORM**

- **Fill out this form completely. One form required for each sport season. Use black ink.**
- **A \$80.00 participation fee must be paid. This is a per athlete, per sport fee with a cap of \$160 per school year.**
- **A valid physical exam must be on file at the high school (good for one year from the exam date).**
- **Transfer students - Please fill out Section 5, on the back of this form.**
- **Section 6, on the back of this form, provides a listing of all sports offered.**

SECTION 1: GENERAL INFORMATION

SPORT: _____ Circle: Female Male

NAME: _____ Required Dist 94 ID #: _____

CIRCLE YEAR IN SCHOOL: FR SO JR SR BIRTHDATE: _____

ADDRESS: _____
Address City Zip

HOME PHONE: _____

PARENT/GUARDIAN LAST NAME if different from student: _____

FATHER'S First Name: _____ FATHER'S Work Phone: _____

MOTHER'S First Name: _____ MOTHER'S Work Phone: _____

SECTION 2: INSURANCE COVERAGE

School District 94 Board Policy **REQUIRES** parents/guardians to certify that their daughter/son is covered for athletic participation by either family insurance, student accident insurance or football participation insurance.

MY DAUGHTER/SON IS COVERED BY THE FOLLOWING FAMILY INSURANCE PLAN:

Family Insurance Co. Name: _____ List ONE: Policy #, Group #, or ID # _____

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We do not have family insurance. We have purchased Student Insurance and/or Football Insurance on this date: \_\_\_\_\_

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**SECTION 3: EMERGENCY MEDICAL INFORMATION**

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

*If neither the emergency contact person nor myself can be reached, I authorize school personnel to take such emergency action as may be deemed necessary.*

DOCTOR PREFERENCE: \_\_\_\_\_ DR. PHONE: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

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**SECTION 4: PERMISSION & SIGNATURES**

*We understand that Community High School District 94 does not assume financial responsibility for accidents/injuries incurred in athletics. We freely and with full knowledge hereby permit our daughter/son to participate in CHS athletics under these conditions. By affixing my signature to this form, I affirm that I have read or will read in the Community High School Handbook Sections 12, 13, 14 & 15 in their entirety. I hereby understand all the rules and procedures governing participation in Community High School District 94 athletics.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

### **SECTION 5: HIGH SCHOOL TRANSFER STUDENT INFORMATION**

Complete this section **ONLY** if you have transferred from **another high school**.

LIST HIGH SCHOOL TRANSFERRED FROM:

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

LIST SPORTS PARTICIPATED IN AT PREVIOUS SCHOOL AND YEARS OF PARTICIPATION:

(Example: Soccer – Frosh, Soph & Junior years)

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### **SECTION 6: SEASON AND SPORTS OFFERED**

#### **FALL SPORTS**

Cross Country – Boys  
Cross Country – Girls  
Football  
Golf – Boys  
Golf – Girls  
Soccer – Boys  
Swimming – Girls  
Tennis – Girls  
Volleyball - Girls

#### **WINTER SPORTS**

Basketball – Boys  
Basketball – Girls  
Gymnastics-Girls (Wheaton Coop)  
Swim – Boys  
Wrestling  
  
Track – Boys Indoor – January  
Track – Girls Indoor - January

#### **SPRING SPORTS**

Badminton – Girls  
Baseball – Boys  
Soccer – Girls  
Softball – Girls  
Tennis – Boys  
Track – Boys  
Track – Girls  
Volleyball – Boys

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### ***REMEMBER:***

***You may participate in this sport once this form is completed, signed, and returned to the athletic office.  
A permission form must be completed for each sport.***