

**Mahomet-Seymour Junior High & High School**  
**Parent Permission & Insurance Verification for Athletes**  
*High School Athletes are required to sign the IHSA Consent to  
 Random Testing found on the back of this form.*

Office Use Only  
 Entered \_\_\_\_\_

Please Print/Type

Student ID# \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
Last First

\_\_\_\_\_ Street City Zip

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preference of Hospital \_\_\_\_\_ Clinic # \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

Name and Phone #

[ ] Check here if you are not living with your parents or live in a household of a single parent.

Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

**NOTICE TO PARENTS:** Community Unit School District #3 is not responsible for injuries at school or during extra-curricular activities. In order to compete in any athletic program, we require each participant to be covered by either the school accident policy or family insurance. Expenses over and above insurance coverage are the responsibility of the parent or guardian. Community Unit School District #3 assumes no obligation for these expenses. For further information concerning the school insurance and or athletic rules and regulations, please consult the Mahomet-Seymour Student Handbook.

**PARENTS' OR GUARDIANS' PERMISSION FOR SPORTS PARTICIPATION**

Student \_\_\_\_\_

I do hereby give my permission to any qualified physician or trainer to administer emergency treatment to the above named student when the supervisor feels there is such a need for emergency treatment. (Please indicate Yes or No.)

YES \_\_\_\_\_ NO \_\_\_\_\_

The above named student is covered by my family hospitalization and medical insurance.

NO \_\_\_\_\_

YES \_\_\_\_\_

**Name of Insurance Company**

I wish to purchase the school's accident insurance policy.

NO \_\_\_\_\_

YES \_\_\_\_\_

**NOTE: To participate in athletics, one of the above statements must be answered "YES."**

I do hereby give Community Unit School District #3 my permission for the above named student to participate in athletics at Mahomet-Seymour. My signature below verifies that I am a resident of the Mahomet-Seymour School District and live within the Mahomet-Seymour school boundaries.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date

High School Sport (please circle): Baseball Basketball Cheer Cross Country Dance Football  
 Golf Soccer Softball Track Volleyball Wrestling Swimming

**HS Athletes must complete the IHSA Consent on the back of this form.**

**11-  
12**  
School  
Year

**M-S Bulldog Athletics**



## Parent and Student Agreement/Acknowledgement Form Performance-Enhancing Substance Testing Policy

- Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

### STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I understand that testing may occur during selected IHSA state series events or during the school day. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at [www.IHSA.org](http://www.IHSA.org). I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA.

Student Name (Print): \_\_\_\_\_ Grade (9-12) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I understand that testing may occur during selected IHSA state series events or during the school day. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at [www.IHSA.org](http://www.IHSA.org). I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_