



WEST AURORA HIGH SCHOOL
PARENT PERMISSION FOR ATHLETES
2009-2010



NAME _____ DATE OF BIRTH _____ ID# _____
(Frosh ... Same as in MS)

MALE ___ / FEMALE ___ GRADE _____ SCHOOL LAST ATTENDED _____
(Check One) (2008-2009)

ADDRESS _____ PHYSICAL DATE _____
(Street) (City) (Zip) (Good for One Year)

HOME PHONE _(____)_____ CELL PHONE _(____)_____

E-MAIL ADDRESS _____

I give _____ my consent to participate in any of the
(Student's Name)
 sports listed below for the 2009-2010 School Year.

(Please check sport(s) you are interested in ... you may check only one per season)

- | <u>FALL</u> | <u>WINTER</u> | <u>SPRING</u> |
|--|---|--|
| <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> BASKETBALL (Boys) | <input type="checkbox"/> BADMINTON (Girls) |
| <input type="checkbox"/> CROSS COUNTRY (Boys) | <input type="checkbox"/> BASKETBALL (Girls) | <input type="checkbox"/> BASEBALL |
| <input type="checkbox"/> CROSS COUNTRY (Girls) | <input type="checkbox"/> BOWLING (Girls) | <input type="checkbox"/> SOCCER (Girls) |
| <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> SOFTBALL |
| <input type="checkbox"/> GOLF (Boys) | <input type="checkbox"/> POMS | <input type="checkbox"/> TENNIS (Boys) |
| <input type="checkbox"/> GOLF (Girls) | <input type="checkbox"/> SWIMMING (Boys) | <input type="checkbox"/> TRACK (Boys) |
| <input type="checkbox"/> POMS | <input type="checkbox"/> WRESTLING | <input type="checkbox"/> TRACK (Girls) |
| <input type="checkbox"/> SOCCER (Boys) | | <input type="checkbox"/> VOLLEYBALL (Boys) |
| <input type="checkbox"/> SWIMMING (Girls) | | |
| <input type="checkbox"/> TENNIS (Girls) | | |
| <input type="checkbox"/> VOLLEYBALL (Girls) | | |

I understand that through participation in the above listed activity / activities, I am risking the possibility of serious injury and I accept that risk. Further, I understand that information and photos regarding my son / daughter may be used in a positive manner with the media (both school and public). Certain medical information may be shared with coaches, trainers, and others associated with the Athletic Department in order to maintain the highest safety standard for the athletes. I also understand that, according to IHSA regulations, athletes may be subjected to random testing for steroid use at state level competitions.

PRINT PARENT/GUARDIAN NAME _____

SIGNED _____ DATE _____
(Parent / Guardian)

INSURANCE COMPANY _____
(Name)