

Student Handbook and Disciple Code Sign Off:

I am familiar with, and have received and read the 2010-2011 Dakota Student Handbook and Athletic Handbook, which summarizes rules and regulations regarding, school policies, athletic eligibility and the high school athletics training policies.

Parent / Guardian Signature

Date

Student / Athlete Signature

Date

Athletic Permission to Participate:

I hereby give (Student's Name) _____ my consent to participate in all sports unless otherwise noted here: _____. Furthermore, it is my understanding that an annual physician's report must be on file at the high school. I grant Monroe Clinic athletic trainer to assess and or treat injuries.

Parent / Guardian Signature

Date

Student / Athlete Signature

Date

Athletic Participation Insurance Waiver:

Dakota School District #201 Board Policy requires all athletes to carry either school insurance or requires parents to certify that their son or daughter is covered for athletic participation by their family insurance.

This is to certify that said athlete: _____ has my permission to participate in all types of athletics and desire to have waived the administrative regulations requiring school insurance before participation is permitted.

This also is to certify that I _____, parent or guardian, of the above name person will assume the financial responsibility that may be covered by said present school insurance, as approved by the Board of Education, Community Unit District #201, Dakota, Illinois.

Signed _____

Parent or Guardian

Insurance Company

Insured Parent

Policy Number

IHSA Steroid Testing Policy - Consent to Random Testing:

*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 2009-2010 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 2.10 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 by www.ihsa.org/initiatives/sportsmedicine/files/IHSA_banned_drug_classes.pdf.***

Name of student / athlete (please print)

Signature of student/athlete

Date

Signature of parent/guardian

Date