



STREAMWOOD HIGH SCHOOL

ATHLETIC DEPARTMENT

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**Athletic Website
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Streamwood High School believes that interscholastic athletics are an integral aspect of the total educational program. At no time should the athletic program place the educational curriculum secondary in emphasis. To be eligible to participate in athletics this fall, a student must have passed five (5) academic classes at the end of 2nd semester (June) of 2016-2017 school year. In fall, an athlete must pass five (5) academic classes weekly in order to be academically eligible to participate. Second semester all athletes must pass five (5) classes at the end of first semester and five (5) classes each week in order to be academically eligible to participate in athletics. An athlete must **attend at least Four (4) periods** at school in order to practice or compete that day.

Athletes are expected to adhere to the rules and regulations established in the "Athletic Code of Conduct" by School District U-46, and any additional rules developed by the individual sports programs. They should attend all practices and games and demonstrate good sportsmanship at all times. We ask that you display good sportsmanship as spectators to assist us to teach respect for competition since competition is an ever-present factor in life.

This packet contains all information and forms necessary for an athlete to become eligible to participate in the Athletic Program at Streamwood High School for the 2017-2018 school year. Please read the following information carefully. Complete all forms in **black or blue INK**. All forms and fees should be turned in to the Athletic Office. **ANY FRAUDULENT INFORMATION SUBMITTED TO THE ATHLETIC OFFICE (INCLUDING FORGED SIGNATURES) WILL RESULT IN A SUSPENSION.**

PARENT MEETINGS: Each Varsity coach will set up a date and time for parent and team meetings. Please attend these as they will give you a lot of information and answer questions that you may have.

TARGET: A TARGET presentation will be on-line. Please go to www.athletics2000.com/streamwood, click on the link entitled "TARGET PRESENTATION". Please watch it in its entirety; TARGET addresses many important items as they relate to our athlete program. The video must be watched in order for the athlete to participate.

SCHOOL DISTRICT U-46 CODE OF CONDUCT: This form must be read and signed by the athlete and a parent. A copy can be found on the Athletic2000 website or one is available in the athletic office for you to read.

ATHLETIC EMERGENCY MEDICAL AUTHORIZATIONS: Please **PRINT ALL** information in **black or blue INK**. It is most important to include an alternate's name along with the doctor's name, telephone number and parents' signature.

INSURANCE: All athletes are required to have medical coverage. You may already have your own health insurance. If so, let us know by signing the Insurance Waiver. If you need medical coverage, you may purchase student/school insurance through School District U-46. It is the responsibility of the parents and/or athlete to inform the Athletic office of any change in their insurance status.

PARTICIPATION FEE: 2017-2018 participation fee is \$150.00 per sport (except for Football \$200.00). Checks should be made payable to Streamwood High School, please include students ID number. If an athlete decides to quit a team, the sports fee is **nonrefundable**. If an athlete is cut from the team at tryouts, the fee is refundable. Participation fee must be paid at the time of registration. **If you qualify for Free Lunch, the Athletic fee will be waived. You will need to bring your "Free Lunch Acceptance Letter" stating that you qualify for Free Lunch or you will be expected to pay the fee which will be refunded upon our verification that you qualified for the Free Lunch Program. This is for Fall only, all other seasons will be verified with the treasurer.**

PHYSICAL: All athletes must have a current physical on record. Physicals are valid for one year. The doctors signature, date and telephone number are required on the form. Any medical exception from Physical Education class excludes students from athletics for the same time period.

CONCUSSION FORM: The IHSA has a form regarding concussions. Please make sure you read it and sign in the appropriate areas.

TRANSFER STUDENTS: Please contact the athletic office for information.

COOP SPORTS MUST PROVIDE OWN TRANSPORTATION TO PRACTICE AND HOME CONTESTS.

All paperwork and payment must be received by the athletic office prior to participating in any sport. **YOU MUST HAVE YOUR GOLDEN TICKET TO TRYOUT. No exceptions!**

Streamwood High School **Athletic Registration** for the sport of _____

INCOMPLETE FORMS WILL NOT BE ACCEPTED!

Instructions: **Fill out completely the front and back side of this form making sure to sign the back.** Bring this form to the Athletic office along with a current physical (a physical is only good for one calendar year) and \$150.00 (200.00 Football) participation fee. (Checks are payable to SHS and need the students ID number on it.) You will be given a golden ticket that will need to be turned in to the coach. ***You may not begin tryouts or practice without the gold ticket. NO EXCEPTIONS!*** No refunds will be given after the first contest date of your sport.

Name: _____ ID# _____ Grade: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

Parent E-mail Address: _____

Student Email Address: _____

Did you attend a high school other than Streamwood High School in the previous semester? ___ Yes ___ No

I affirm that _____ (student's name) lives with the custodial parent or court appointed legal guardian in the Streamwood High School boundaries of school district U-46. (An exception is made for Academy students.) If not, please provide the athletic office with copies of court documents assigning legal guardianship, custody, or current living arrangements. **(Please check the box.)**

Print Father's Name _____

Work Phone# (_____) _____ Cell Phone # (_____) _____

Print Mother's Name _____

Work Phone# (_____) _____ Cell Phone # (_____) _____

Emergency name & phone# (in case parent/guardian not available) _____

Name of Health Insurance carrier _____

Physician's Name _____ Phone# _____ Preferred Hospital _____

Athlete wears contacts? ___ Yes ___ No Athlete wears glasses? ___ Yes ___ No

Medication being taken & reason _____

Allergies (Medication, Insect Bites, Etc.) _____

Previous injuries & dates of same (fracture, dislocations, etc.) _____

Additional information pertinent to athlete's health (asthma, diabetes, heart conditions, etc.) _____

PARENT/GUARDIAN AND ATHLETE, THERE ARE 8 PLACES TO SIGN ON THE BACK SIDE!

*****Office use only*****

Physical date: _____ Paid: _____ Check/Cash _____ Date: _____ Received by: _____

Eligibility: _____ (previous semester passed _____ classes)

PLEASE BE SURE TO SIGN ALL EIGHT (8) AREAS OF THIS PAGE IN BLUE OR BLACK INK.

FOR THE ATHLETE:

I have/will receive my handbook, which includes the Athletic Code of Conduct required to participate in athletics at Streamwood High School. I understand that violation of team rules or Athletic Code of Conduct may result in the forfeiture of my privilege to participate in athletics. In addition, I have read and understand the N.C.A.A. requirements for entrance and participation in athletics and for eligibility for athletically related financial aid at Division 1 colleges and universities. This code is in effect from the beginning of the practice season to the start of the practice season the following year. I have watched the TARGET presentation.

Signature of Athlete _____

FOR THE PARENT:

Permission is given for my son/daughter to participate in the Streamwood High School athletic program and I have read, understand, and agree to support the consequences for my athlete of the School District U-46 Code of Conduct. I am also aware the potential physical injury could occur as a result of athletic participation. I have watched the TARGET presentation.

Signature of Parent/Guardian _____

INSURANCE OR WAIVER OF INSURANCE (MUST BE SIGNED BELOW IF YOU HAVE INSURANCE!)

ALL ATHLETES ARE REQUIRED TO HAVE MEDICAL INSURANCE COVERAGE

I hereby agree to waive any coverage that may be otherwise provided through the student accident insurance program or School District U-46. **I do not wish to purchase student accident insurance for my child under the school program.** I agree that I will hold harmless, to waive and relinquish all claims against School District U-46, its officers, agents, servants and employees for any expenses that may occur as a result of any injury to my child while participating in the said district's athletic program, and further realize that I must secure my own hospitalization and medical coverage if I desire such protection.

Signature of Parent/Guardian _____

FOR THE PARENT AND ATHLETE

Athletics and Activities often receive publicity over the airwaves, on the District U-46/Streamwood High School website, the Athletics2000 website, in the print media and programs. You should be aware that your son/daughter's picture or name may be used or appear in any or all of the above. I attest that all information on this sheet is true. If any of the information on this sheet changes, I will notify the Athletic Department immediately. Any falsification of information or failure to inform the Athletic Department of changes will result in loss of eligibility.

Parent/Guardian Signature

Athlete Signature

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 Ill. 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. 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. 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: _____

I understand that participation fees will **NOT BE REFUNDED** after the first contest date of your sport.

Parent/Guardian Signature _____

Concussion Information Sheet
(please sign last page)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- | |
|--|
| <ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness |
|--|

Concussion Information Sheet
(please sign this page)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date