



Student-Athlete Record & Policy Acknowledgement Form

Walter Payton College Preparatory High School

1034 N. Wells Chicago, Illinois 60610
773.534.0034 (w) 773.534.0035 (f) www.wpcp.org



PLAYER INFORMATION

Name: _____ Student ID #: _____

2016-17 Year in School: Fr. So. Jr. Sr. Date of Birth: _____

Sport: Circle all sports of you intend to participation in during the 2016-2017 school year:

	<i>Fall Sports</i>	<i>Winter Sports</i>	<i>Spring Sports</i>
Girls	Sideline Cheer Cross Country Sideline Dance Golf Swimming (Co-op w/ Jones) Tennis Volleyball	Basketball Bowling Competitive Cheer Competitive Dance	Lacrosse Soccer Softball Track & Field Water Polo (Co-op w/ Jones)
Boys	Cross-Country Football Golf Soccer Softball (16")	Basketball Bowling Swimming (Co-op w/ Jones)	Baseball Lacrosse (Co-op w/ Young) Tennis Track & Field Volleyball Water Polo (Co-op w/ Jones)

PARENTAL CONSENT

Parental Consent to Play

I give permission for my child to participate in high school athletics. I understand that there is potential injury inherent in all athletic activity. I acknowledge that even with the best coaching, appropriate use of equipment and strict observance of rules, injuries are still possible. I understand that, although rare, these injuries can be so severe as to result in severe injury, total disability or death. I give permission to my child to participate in spite of these risks.

Parent/Guardian's Signature: _____ Date: _____

Authorization for Medical Treatment

I understand that in the case of an injury or illness which requires treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the student-athlete's parent/guardian. However, if necessary, the student-athlete will be treated and transported via ambulance to a medical facility such as a hospital.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

<FORM CONTINUES ON REVERSE SIDE>

MEDICAL DOCUMENTATION

Health Insurance Information

Student's Name: _____

Policy Holder's Name: _____ Relationship to Student: _____

Insurance Company: _____

Policy Number: _____

Group: _____

Physician's Name: _____ Physician Contact Number: _____

Sports Physicals

Sports Physicals are good for 395 Calendar Days. After 395 Days, they are out-of-date. Student-Athletes must have an up-to-date sports physical on file with the Athletic Director to participate in athletic contests and practices associated with Walter Payton College Prep. ***I have submitted an updated physical DIRECTLY to the Athletic Director.***

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

CPS STUDENT-ATHLETE POLICY ACKNOWLEDGEMENTS

Please review the CPS Athletic Policies at <http://www.wpcp.org/StudentLife/Athletics/RegulationsForms> and acknowledge your agreement with each policy by signing your initials for each individual item below (***PLEASE NOTE: Printed copies of all CPS & WPCP policies are available at signor's request***):

1) We acknowledge and agree to follow the CPS Athletic Equipment Agreement	_____ Student Initials	_____ Parent/Guardian Initials
2) We acknowledge and agree to follow the CPHSAA Bylaws & Constitution	_____ Student Initials	_____ Parent/Guardian Initials
3) CPS Athletic Transportation Policy – I grant permission for school personnel to use private vehicles to transport me to athletic events in accordance with the approval and permission of the school Principal based on the conditions and requirements of the CPS Student Travel Policy being met by the agent of transport. <OPTIONAL>	_____ Student Initials	_____ Parent/Guardian Initials
4) We acknowledge and agree to follow the CPS Exclusivity in Participation Policy	_____ Student Initials	_____ Parent/Guardian Initials
5) We acknowledge and agree to follow the CPS Scholastic Eligibility Policy	_____ Student Initials	_____ Parent/Guardian Initials
6) We consent to random testing in accordance with the IHSA Performance Enhancing Substance Testing Policy	_____ Student Initials	_____ Parent/Guardian Initials
7) We have read and are aware of the WPCP Concussion Policy for Coaches and Student-Athletes	_____ Student Initials	_____ Parent/Guardian Initials

Student-Athlete Policies are available at <http://www.wpcp.org/StudentLife/Athletics/RegulationsForms>. We have read and agreed to all the policies initialed above. (***PLEASE NOTE: Printed copies of all CPS & WPCP policies are available at signor's request***):

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____