2016 – 2017 EXTRACURRICULAR ACTIVITIES CONSENT FORM

Please Circle: DAVID L. RAHN JUNIOR HIGH OREGON HIGH SCHOOL

NAME OF STUDENT: _____

GRADE 2015-16: 6th 7th 8th Freshman Sophomore Junior Senior

SEX: Male Female

PARTICIPATION FEES: David L Rahn JH $50 per activity – maximum cost of $100 per student
Oregon High School $75 per activity – maximum cost of $150 per student

INSURANCE INFORMATION: ____ We have personal coverage for all sports.

____ We do not have insurance and will assume all costs in case of an injury.

We (student and parents/guardians) understand that there are risks involved in extracurricular activities. We do hereby consent in advance to emergency care by a physician, qualified nurse, and/or hospital as may be deemed necessary under the then existing circumstance. We do hereby waive on behalf of the student and parents/guardians any liability of the Oregon School District or any of its agents or employees arising out of such medical treatment or injury.

We have read the Board of Education's Extracurricular Activities Policy and the Extracurricular Code of Conduct and Drug and Alcohol Testing Program for the Oregon School District. (Copies of this policy are available on the school website (http://www.ocusd.net) or upon request at the junior high office or in the high school athletic office in Black Hawk Center. We understand the provisions and procedures of this Policy and Code of Conduct and Drug Testing Program. We agree to follow the terms of the Policy and Code of Conduct and Drug Testing Program, including the student's subjection to random drug testing, as a condition of participation in extracurricular activities. We understand that if the student disobeys the policy, the student will be excluded from participation in extracurricular activities as provided in the Policy and Code of Conduct and Drug Testing Program mentioned above. We also give the drug-testing facility permission to discuss all test results with the proper David L Rahn Junior High School or Oregon High School personnel.

This student has permission to participate in O.C.U.S.D. #220 extracurricular activities.

_____ _____ _____

Parent's/Guardian's Signature Date (Optional) Additional Parent's/Guardian's Signature Student's Signature Date

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. 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: _____