

# NEW TRIER HIGH SCHOOL ATHLETIC PHYSICAL AND PARENT CONSENT FORM

**PLEASE NOTE: PER IHSA RULES, IT IS BEST TO GET THE PHYSICAL EXAM DURING THE SUMMER TO ENSURE A FULL SCHOOL YEAR OF ATHLETIC ELIGIBILITY.**

Last Name _____	ID Number _____	<b>Fall</b>
Advisor _____	First Name _____	Sport _____
Home Address _____	Year in School _____	<b>Winter</b>
City _____ Zip _____	Phone _____	Sport _____
Date of Birth _____		<b>Spring</b>
		Sport _____

**SCHOOL YOU ATTENDED LAST YEAR:** \_\_\_\_\_

Student: Fill in at least one of the blanks above.

## Doctor's Permit

I have examined this student on this date and find him/her to be physically fit for interscholastic athletics.

\_\_\_\_\_ M.D. Date \_\_\_\_\_

## Athletic Philosophy

New Trier High School believes that it is the function of the athletic department to provide sports, which are interesting, wholesome, stimulating and enjoyable for all students. Their overall objectives are to develop physical fitness, sports habits and skills, sports understanding, sportsmanship, and a spirit of competitiveness in each boy and girl. **This Athletic Physical Form must be on file in the Athletic Office on or before the first day of practice of the athlete's specific sport season. Per Illinois High School Association rules, your physical examination is good for only one calendar year from the date of the exam. Please put that date on your yearly schedule, as your student athlete becomes ineligible and will not be allowed to play unless a new physical is provided by that date.**

**This form also serves as Consent to Random Steroid and Performance-enhancing Supplement Testing.** The Illinois High School Association's Board of Directors has approved plans developed by the IHSA's Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing dietary supplements.

Beginning with the 2008-09 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 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams 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.

No student-athlete may participate in IHSA competition unless the student and the student's parent/guardian consent to random testing. The signatures of you and your student will allow the student to begin practice and competitions immediately.

A complete list of the current IHSA Banned Drug Classes and the IHSA Drug Testing Policy can be accessed at <http://www.ihsa.org/initiatives/sportsMedicine/files/200910%20PED%20program.pdf>

To participate in the interscholastic sports program, a student must have earned 2 credit hours in the previous semester. In addition, the student must maintain passing grades in 2 credit hours per week throughout the season.

During an athlete's initial sport season, the athlete and his/her parent will be required to attend an Athletic Code Meeting.

My son/daughter has my permission to practice and compete in the interscholastic program. I assume responsibility in case of accident or injury. By my signature below I/we hereby grant consent to any/all health care providers designated by New Trier High School, District 203, to provide my child with any necessary medical care as a result of any illness/injury.

Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
6/9/2009