

2015 - 2016 ETHS ATHLETIC PERMIT FORM

(Must be delivered to the Athletic Office by hand—DO NOT MAIL OR FAX)

Before a student-athlete is able to participate, this four-step process MUST be completed:

- Step 1** Parent/Guardian must register ONLINE at <https://evanston.8to18.com>. An account will need to be created for new student-athletes (remember your password). Then click "Begin Registration" by following the prompts for each seasonal sport. Multiple sport athletes will NOT need to come to the Athletic Office after they have hand delivered their permit form for their first sport. They will simply need to register online PRIOR to the start date of their 2nd or 3rd sport.
- Step 2** Bring this ATHLETIC PERMIT FORM to your annual doctor's physical exam to get doctor's signature, stamp and date of physical. Incoming freshman or transfers with a physical exam on file may have the ETHS nurse sign/stamp the form.
- Step 3** Every freshman, junior or new student-athlete must take the IMPACT BASELINE TEST before hand-delivering the permit form to the Athletic Office. Pre-register at www.eths.k12.il.us and click "Athletics" tab and select "ImPACT Test Registration".
- Step 4** HAND DELIVER the PERMIT FORM to the Athletic Office before the start date of your first sport in order to participate. At that time, academic eligibility will be checked. Call 847-424-7370 if you need assistance.

2015-16 Seasonal Sports Start Dates

Sports Registration begins **June 22, 2015** (Summer office hours: 8am-4pm; closed Fridays)

FALL SPORTS—August 10: Football; August 12: Cheerleading, B/G-Cross Country, B/G-Golf, PomKits, G-Swimming, G-Tennis, G-Volleyball and B-Soccer

WINTER SPORTS—Oct. 26: B-Bowling, Cheerleading and PomKits; Nov. 2: G-Basketball; Nov. 9: B-Basketball, G-Gymnastics, Wrestling; Nov. 16: G-Bowling Nov. 23: B-Swimming/Diving; Jan. 18: B/G-Indoor Track & Field

SPRING SPORTS—Feb. 15: B-Gymnastics; Feb. 29: G-Soccer, Baseball, Badminton, G/B-Water Polo, G/B-Lacrosse, B-Tennis, Softball; March 7: B-Volleyball

Name _____ ID# _____ Grade in school for 2015-16 _____
(Please print name as shown on birth certificate)

Parent(s) Guardian(s) _____ Home Phone (_____) _____

TRANSFER STUDENTS

Have you attended another high school in the past? Yes / No _____ If yes, what was the last day at previous school: ____ / ____ / ____

Name of previous high school _____ City/State of high school _____

PHYSICAL EXAMINATION

I have examined this student on this date and approve his/her participation in interscholastic sports for one year.

Physician's Signature _____ Physician's Stamp _____ Date of Physical _____

*NOTE: Physical examinations are valid for 395 days after the date of the physical exam.

PARENT/GUARDIAN & STUDENT CONSENT

My son/daughter has my permission to practice and compete in the ETHS interscholastic sports program during, fall, winter and/or spring. I understand he/she must be passing at least five classes weekly during the season and must have a minimum 2.0 GPA from the previous semester.

I give my permission for my child to travel to competitions on school authorized vehicles and I authorize the coach to secure needed medical treatment in case of an emergency in the event I cannot be reached. I assume responsibility in case of accident or injury.

We have read and understand the expectations and consequences of the **Extra-Curricular Activity Code**. We also understand all school rules are applicable while involved in a team activity including attendance at non-school events with the team.

We consent to random testing in accordance with the **IHSA Performance-Enhancing Substance Testing Policy**. We understand that participants of IHSA-sanctioned sports may be subject to testing for banned substances at any time throughout the school year. No student may participate in an IHSA-sanctioned event unless the student and his/her parent/guardian consent to random testing. A list of IHSA Banned Substances is available at www.ihsa.org.

We have read the **ETHS Concussion Management Plan** and are aware of the school's concussion policy. We also understand that all ETHS athletes must take an ImPACT baseline test every two years to assist in concussion evaluation and return-to-play protocol.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

SECONDARY INSURANCE NOTE: District 202 provides a Student Accident Insurance program that covers your child for injuries incurred while participating in school-sponsored activities, including all sports. This plan provides **SECONDARY** coverage and will pay benefits after your primary insurance has concluded participation in the claim. If you would like to purchase additional insurance, you may do so in the Safety Office in room H102.

For Office Use Only:
Impact _____ GPA _____