

2006-2007 ATHLETIC ELIGIBILITY/INSURANCE FORM
(Please fill in all blanks or form will be returned.)

Name: _____ Sport: _____

Date of Birth: _____ Student I.D. _____
(REQUIRED)

Address: _____ City _____

Home Phone: (____) _____ Parent Work Phone: (____) _____

INSURANCE: As part of the liability insurance cooperative to which Lyons Township High School belongs, ALL STUDENTS are now covered under a Student Accident Insurance Policy. This policy covers your child for injuries incurred while participating in school sponsored and supervised activities, including sports. Your private medical insurance policy is the first provider with the L.T. student accident insurance being the secondary provider unless you have no private medical coverage.

Name of Private Insurance Company _____ Policy/Group# _____

WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPATION IN ATHLETIC PROGRAMS
Please read this information carefully and be aware that by signing this form you will be waiving
And releasing all claims for injuries your student might sustain arising from these programs.

"As a participant or parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss that I or the above participant may sustain as a result of the participating in any and all activities connected or associated with such program(s)."

"I agree to waive and relinquish all claims that I or the above participant might have against the Sponsoring Governmental Body including the Board of Education, its members, agents, servants, independent contractors and employees as a result of participating in the program."

"I do hereby fully release and discharge the Sponsoring Governmental Body including the Board of Education, its members, agents, servants, independent contractors and employees from any and all claims of injuries, including death, damage or loss that I or the above participant may have accrued to me (us) as a result of participation in the said activity."

"As a parent or guardian, I do hereby specifically release and discharge the Sponsoring Governmental Body including the Board of Education, its members, agents, servants, independent contractors and employees from any causes of action I may have as a parent for support, mental or emotional damage or otherwise arising out of my relationship to the participant."

"I further agree to indemnify and hold harmless and defend the Sponsoring Governmental Body including the Board of Education, its members, agents, servants, independent contractors and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or the above participant and arising out of, connected with, or in any way associated with the activities of the program."

I HAVE READ AND FULLY UNDERSTAND THE NATURE OF THE ABOVE PROGRAM AND WAIVER AND RELEASE ALL CLAIMS.

Signature of Custodial Parent/Guardian

Date

Signature of Custodial Parent/Guardian

Date

Signature of Participant

Date

PLEASE NOTE!
ATHLETES AND PARENTS MUST FILL IN AND SIGN BOTH SIDES OF THIS FORM!

STUDENT ATHLETIC/ACTIVITIES REGISTRATION FORM 2006-2007

Name: _____ Athletic/Activity: _____

Student I.D. Number: _____ Year In School: 9 10 11 12 Phone (____) _____

Are you a transfer student? Yes () No () Are you a foreign exchange student? Yes () No ()

My child has permission to participate in the student activities program. I understand that the school is not liable for any injuries my child may receive by participating in student activities. I furthermore consent to any treatment deemed necessary by a licensed physician, designated by the person in charge, for any illness or injury resulting from his or her participation in student activities. Every effort will be made to contact the parent/guardian to explain the nature of the problem prior to any treatment beyond first aid.

Parent/Guardian Name: _____ Address: _____ City: _____

Parent/Guardian Home Phone: (____) _____ Work Phone: (____) _____

STUDENT ACTIVITIES CODE OF CONDUCT

PURPOSE: Participating in student activities is considered an extension of, but separate from, the regular high school program. While the regular curricular program is a right afforded to each student, participation in the extracurricular program is a privilege and as such carries certain expectations beyond those found in the normal classroom situation. The goals of the activities programs are to give students direction in developing healthful living habits, discipline, leadership, teamwork, and respect for rules and regulations. It is to these ends that a student activity code is established for young people taking part in the student activity programs. The students must agree to abide by the following expectations for all four years at Lyons Township High School. **The consequences listed below for ALCOHOL, STEROIDS, DRUGS, CONTROLLED SUBSTANCES and TOBACCO are cumulative during the student's four-year career. The consequences for other school offenses will be dealt with on an annual basis and do not carry over from one school year to the next.**

EXPECTATIONS – Each activity may establish approved additional expectations.

- A. Regularly attend school, practice and events. Participants are expected to attend school on the day of the activity.
- B. Attend a Co-Curricular meeting as a freshmen or first year of co-curricular participation.
- C. The IHSA requires a student to pass at least 20 credit hours (4 classes) the semester prior to participation and maintain passing grades in 20 credit hours (4 classes) while involved in IHSA activities.
- D. Students must travel on school arranged transportation for all events away from Lyons Township High School.
- E. Students must be responsible for all equipment and/or clothing issued for activity and the return of such at the end of the activity.
- F. Students should attend all Awards Nights.
- G. Students should carry the school ID card at all times.
- H. Students MUST submit an annual physical for participation in athletic activities.
- I. Adhere to all rules set forth in the student handbook not outlined above and display conduct becoming a District 204 representative, including respect of persons and property at all times.

(School consequences supersede the Student Activities Code of Conduct when the violation carries a stiffer penalty.)

ALCOHOL, STEROIDS, AND CONTROLLED SUBSTANCES	TOBACCO	SCHOOL RULE INFRACTIONS RESULTING IN SUSPENSION
<p>Expectation: Students will not use or attend parties where there is underage drinking of alcohol, steroids and/or controlled substances seven days a week, twelve months a year, whether or not school is in session for all four years at LT.</p> <p>Consequences: First offense – suspension from all activities for ten percent of the competitive season or two events, whichever is less, with the student expected to participate in all practices and attend all contests during that time. The student must attend a school-approved chemical education program.</p> <p>Second offense – loss of extra curricular opportunities for one year. If the student agrees to an assessment at a school approved program, at the parent's expense, and follows the program recommendations he will be suspended for a total of six weeks of the competitive season. The student must participate in all practices and attend all contests during the time they are serving their consequence. This could result in the consequence being served over two seasons.</p> <p>Third offense – loss of extracurricular opportunities for one calendar year from the date of the infraction, which would include all practices.</p> <p>Fourth offense – termination of all extracurricular opportunities for the remainder of their high school career.</p>	<p>Expectation: Students will not use or possess smoking tobacco and/or smokeless tobacco products seven days a week, twelve months a year, whether or not school is in session for all four years at LT.</p> <p>Consequences: First offense – suspension from all activities for ten percent of the competitive season or two events, whichever is less, with the student expected to participate in all practices and attend all contests during that time.</p> <p>Second offense – loss of extra curricular opportunities for one year. If the student agrees to an assessment at a school approved program, at the parent's expense, and follows the program recommendations he will be suspended for a total of six weeks of the competitive season. The student must participate in all practices and attend all contests during the time they are serving their consequence. This could result in the consequence being served over two seasons.</p> <p>Third offense – loss of extracurricular opportunities for one calendar year from the date of the infraction, which would include all practices.</p> <p>Fourth offense – termination of all extracurricular opportunities for the remainder of their high school career.</p>	<p>Expectation: Students will adhere to all school rules and display conduct becoming a District 204 representative.</p> <p>Consequences: First offense – suspension from all activities for ten percent of the competitive season or two events, whichever is less, with the student expected to participate in all practices and attend all contests during that time.</p> <p>Second offense – suspension for a total of six weeks of the season that could result in the consequence being served over two seasons. The participant must participate in all practices and attend all contests during the time they are serving the consequence.</p> <p>Third offense – loss of extracurricular opportunities for one calendar year from the date of the infraction, which would include all practices.</p> <p>Fourth offense – termination of all extracurricular opportunities for the remainder of their high school career.</p>

APPEAL PROCESS – The coach/sponsor is charged with the responsibility of enforcing the consequences in the Student Activities Code. The expectation is that, except in unusual cases, the stated consequences will be applied. The consequences may be appealed to the Principal or his designee.

I have read the above information and will abide by the Student Activities Code.

Student Signature: _____ Coach/Sponsor Signature: _____

Parent/Guardian Signature: _____ Date: _____

