

IMPORTANT INFORMATION – PLEASE NOTE:

- ❖ THIS FORM IS SIX PAGES LONG – PRINT ALL PAGES
- ❖ COMPLETED FORMS SHOULD BE TURNED IN TO THE COACH ON THE FIRST DAY OF TRYOUTS.
- ❖ ONLY RETURN THE TWO PAGE SIGNATURE FORM TO THE COACH. KEEP ALL OTHER PAGES FOR REFERENCE.
- ❖ DO NOT MAIL THIS FORM TO THE SCHOOL!

**LYONS TOWNSHIP HIGH SCHOOL
2018-2019 ATHLETIC ELIGIBILITY FORM**

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.

WAIVER EXPLANATION

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.”

IHSA STEROID TESTING POLICY- CONSENT TO RANDOM TESTING

By signing the attached signature form, we consent to random testing in accordance with the IHSA’s steroid testing policy. We understand that, if the student or the student’s team participates in state series competition, the student may be subject to testing for banned substances. No student-athlete may participate in IHSA state series competition unless the student and the student’s parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at:

<http://www.ihsa.org/Resources/SportsMedicine/PerformanceEnhancingDrugsSteroidEducation.aspx>.

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 should 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: <i>First offense</i> – 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: <i>First offense</i> – 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 contest 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: <i>First offense</i> – 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 contest 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.

**LYONS TOWNSHIP HIGH SCHOOL
ATHLETIC DEPARTMENT
CONCUSSION INFORMATION SHEET**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

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| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice

medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current information on concussions you can visit: <https://www.cdc.gov/headsup/youthsports/index.html>

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Document created 7/1/2011 by the Illinois High School Association

**THIS FORM MUST BE SIGNED BY ATHLETE AND PARENTS
IN ALL AREAS AND RETURNED TO THE COACH ON THE FIRST DAY OF TRYOUTS.
DO NOT MAIL THIS FORM TO LYONS TOWNSHIP H.S.
ALL OTHER PAGES SHOULD BE KEPT FOR REFERENCE.**

**ATHLETIC ELIGIBILITY FORM
SCHOOL YEAR 2018-19
PARENT/ATHLETE SIGNATURE 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: (____) _____

Parent Cell: (____) _____

Year In School: 9 (9) 10 (10) 11 (11) 12 (12)

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

PERMISSION TO PARTICIPATE IN ATHLETIC PROGRAM

My child has permission to participate in the student athletic program. I understand that the school is not liable for any injuries my child may receive by participating in student athletics. 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 athletics. Every effort will be made to contact the parent/guardian to explain the nature of the problem prior to any treatment beyond first aid; however, an ambulance call may be placed by LTHS staff members, at parent/guardian expense, in the event of a serious injury or other physical distress being clearly observed.

Parent/Guardian Signature: _____ Date _____

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.

**I HAVE READ THE ATTACHED WAIVER EXPLANATION 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

CONTINUED ON THE NEXT PAGE

IHSA STEROID TESTING POLICY-CONSENT TO RANDOM TESTING

By signing below, we consent to random testing in accordance with the IHSA's steroid testing policy.

Signature of Custodial Parent/Guardian

Date

Signature of Student-Athlete

Date

STUDENT ACTIVITIES CODE OF CONDUCT

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

Student Signature: _____ Coach/Sponsor Signature: _____

Parent/Guardian Signature: _____ Date: _____

CONCUSSION SIGN OFF FORM

I have reviewed the attached Concussion Information Sheet.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent/ Legal Guardian Name Printed

Parent/Legal Guardian Signature

Date

REMEMBER:

- ❖ **ALL AREAS ON FORM MUST BE FILLED IN AND SIGNED OR THIS FORM WILL BE RETURNED.**
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