INTRODUCTION

Before eligibility is established and before participation in any practice or contest, each student interested in participating in interscholastic athletics at Chicago Public Schools shall submit a completed Player Record Packet. The coach is responsible for securing the packet from the participant and insuring that it has been totally executed. The Athletic Director is responsible for recording the information in the sports module in IMPACT and filing paper records, making them available to the Department of Sports Administration as needed for auditing purposes.

A completed packet includes:

- Proof of Birth (exp. Copy of a Birth Certificate)
- Completed Player’s Record Packet including:
  - General Information Form ................................................................. Page 2
  - Consent ................................................................................................ Page 3
  - Medical Documentation ..................................................................... Page 3
  - Equipment Agreement ...................................................................... Page 4
  - By-Laws Acknowledgment ............................................................... Page 4
  - Transportation Acknowledgment .................................................... Page 4
  - Athletic Eligibility Statement .......................................................... Page 5
- IHSA Pre-participation Examination (within last 395 days)
- IHSA Sports Medicine Acknowledgement & Consent Form
GENERAL INFORMATION

Name: ___________________________________  Student ID: __________________________

Date of Birth: __________________________  Current Age: __________________________  Gender: ☐ Male ☐ Female

Proof Submitted and placed on file: ☐ Birth ☐ Baptism ☐ Elem. School Record

Address: __________________________________________________________________________

Emergency Contact Name & Relationship: ________________________________________________

Emergency Contact Number(s): ________________________________________________________

Sport: Check all of the sports of your intended participation this school year

☐ Baseball            ☐ Basketball           ☐ Bowling          ☐ Cross Country
☐ Competitive Cheer/Dance  ☐ Football            ☐ Golf              ☐ Lacrosse
☐ Soccer               ☐ Softball/16in        ☐ Swimming/Diving   ☐ Tennis
☐ Track and Field       ☐ Volleyball           ☐ Water Polo        ☐ Other: _______________________

School Record

School: __________________________  Date of Enrollment this Semester: __________________

Date of Initial Enrollment in High School: _____________________________________________

Number of Semesters in Attendance in High Schools, Including Present Semester: __________

Athletic Participation History

<table>
<thead>
<tr>
<th>School</th>
<th>Yr.</th>
<th>Sports Participated</th>
<th>Injuries &amp; Treatment: ie: Concussions, surgeries, etc.</th>
<th>AAU/Club: Sport/Team Affiliation</th>
<th>Additional Comments</th>
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CONSENT

Parental Consent to Play

I give permission for my child to participate in high school athletics. I understand that there is potential for injury inherent in all athletic activity. I acknowledge that even with the best coaching, appropriate use of equipment and strict observance of rules, injuries are still possible. I understand that, although rare, these injuries can be so severe as to result in severe injury, total disability or death. I give permission to my child to participate in spite of these risks.

Parent/Guardian’s Signature: ___________________________  Date: ____________________

Authorization for Medical Treatment

I understand that in the case of an injury or illness which requires treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the student-athlete’s parent/guardian. However, if necessary, the student-athlete will be treated and transported via ambulance to a medical facility such as a hospital.

Student’s Signature: ___________________________  Date: ____________________

Parent/Guardian’s Signature: ___________________________  Date: ____________________

MEDICAL DOCUMENTATION

Students are not permitted to participate in athletic activities at Chicago Public Schools until they receive medical clearance from a physician and acknowledge that they are aware of the medical risks associated with athletic activities. Accordingly, parents/guardians must read, complete, and return to the coach the following forms fully executed before students are permitted to participate in athletic activity with Chicago Public Schools:

- IHSA Pre-participation Examination IHSA Sports Medicine (within last 395 days)
- Acknowledgement & Consent Form (within last 395 days)

Students must have their physician complete the IHSA “Pre-participation Examination” and return to their Athletic Director before the start of the season. Parents/Guardians and students also must read and complete the IHSA “Sports Medicine Acknowledgement & Consent Form” and return it to the school Athletic Director before the start of the season.

Insurance Information

Student’s Name: __________________________________________

Policy Holder’s Name: ___________________________  Relationship to Student: ____________

Insurance Company: __________________________________________

Policy Number: __________________________________________

Group: __________________________________________

Physician’s Name: ___________________________  Physician Contact Number: __________________________
EQUIPMENT AGREEMENT

I agree to assume full-responsibility for all athletic equipment issued to me and agree to return all of it according to regulations. I agree to use every care to keep the equipment in my possession in the best condition possible and to confine the use of my equipment to the regularly scheduled school practices, games or meets. I understand that as a member of, or a candidate for, any athletic team I am officially representing my school and its standards and ideals. I understand that I am fully financially responsible for damage to or loss of equipment in my possession.

Student’s Signature: ___________________________  Date: __________________

Parent/Guardian’s Signature: ___________________  Date: __________________

BY-LAWS ACKNOWLEDGEMENT

I am in receipt of the Constitution and Bylaws of the Chicago Public High Schools Athletic Association and agree that my son/daughter will abide by all of the Chicago Public League rules.

Student’s Signature: ___________________________  Date: __________________

Parent/Guardian’s Signature: ___________________  Date: __________________

TRANSPORTATION ACKNOWLEDGEMENT

The use of the private vehicles of coaches/school representatives for the purpose of transporting students to athletic events is strongly discouraged. However, when the use of a private vehicle of a coach/school representative is the only feasible method of travel, such vehicles can be allowed if the requirements set by the CPS Student Travel Policy are met.

http://policy.cps.edu/download.aspx?ID=211

**Optional**

I grant permission for school personnel to use private vehicles to transport my child to athletic events in accordance with the approval and permission of the school Principal based on the conditions and requirements of the CPS Student Travel Policy being met by the agent of transport.

Student’s Signature: ___________________________  Date: __________________

Parent/Guardian’s Signature: ___________________  Date: __________________
ATHLETIC ELIGIBILITY

Exclusivity in Participation

During the season of a specific sport, students are only permitted to participate in athletic activity at their school of attendance. Additionally, students are not permitted to participate in a competitive athletic activity with any outside organizations for a sport while participating in that same sport at a Chicago Public School. This prohibition includes, but is not limited to participation in professional, private and public sports teams and organizations.

I understand the statements above and agree to only allow my student to play for his/her school of attendance during the sports season.

Parent/Guardian’s Signature: __________________________ Date: __________________________

I understand the statements above and agree only to play for my school of attendance during the sports season.

Student’s Signature: __________________________ Date: __________________________

Scholastic Eligibility

In order to participate in athletic activities at Chicago Public Schools, including practice and competitions, students must maintain scholastic eligibility. Please carefully review the requirements for scholastic eligibility below.

Past Semester Standing

For contests occurring during the first semester of the school year, student athletes must receive passing grades in 25 credit hours (5 half credits or their equivalent) for the previous semester. Additionally, a student with a grade point average below 2.0 must have an Individual Study Plan (“ISP”) in place to address academic weaknesses. The ISP must be approved by the Principal and on file with the Sports Administration Office. If the student fails to satisfy the requirements of their ISP, the student’s eligibility to participate will be withdrawn.

Credits earned in summer school may be applied to previous semester requirements. Likewise, credits earned during credit recovery programs may only be applied to the previous semester. If a student is rendered ineligible for the next semester’s season due to failed courses, the student may attend summer school to make up the failed courses and re-gain eligibility for the next semester’s sport season. If he/she obtains passing grades which fulfill the eligibility requirements, he/she will be eligible for participation in August.

A beginning freshman who has never attended any other secondary school will be eligible at once if enrolling at the opening of the semester. This entry must be prior to the 11th day of school.

A student shall not, after enrolling in the ninth grade, be eligible for more than eight semesters. If the student shall have been in membership ten days or more during any semester, the student shall be counted as having been in attendance during said semester.

If the student has been out of school for a semester or more, the previous semester shall be understood to mean the last semester during which the student was a member of a high school for at least ten days.
Students with special needs who wish to compete for their high schools will be accepted upon meeting the participation requirements established for all students. A waiver or modification of these requirements due to special needs considerations is subject to approval by the Office of Sports Administration. Each case will be reviewed on an individual basis.

Present Semester Record

The student shall be enrolled in at least 25 credit hours (5 half credits or their equivalent) each semester.

A student-athlete who is failing one or more courses at the end of a week during the season shall be ineligible for the next week of competition. For purposes of scholastic eligibility, “passing” shall be determined by a student athlete’s grades, school attendance and attendance in class and conduct during the school day. A student-athlete who accumulates two (2) or more unexcused absences from class or school in a school week during the season shall be ineligible for the next week of competition. A student-athlete who is suspended from school for misconduct or subjected to the loss of extracurricular activity privileges shall be ineligible for competition or practice during the term of the suspension or loss. Eligibility shall be determined every week as approved by the high school principal. The week shall be defined as Monday through Sunday for eligibility purposes.

If at any point a student is determined to be academically ineligible then they will not be permitted to participate in athletic activities at Chicago Public Schools including competition and practice.

I understand that in order to participate in athletic activities at Chicago Public Schools, including practice and competitions, I must maintain scholastic eligibility.

Student’s Signature: ________________________________ Date: ________________________________

Parent/Guardian’s Signature: ________________________________ Date: ________________________________