

**Athletes may not tryout unless their physical covers them for the entire sport season.**

**2020 – 2021 OAK PARK & RIVER FOREST HS  
ATHLETIC PARTICIPATION AGREEMENT FORM**

Paper  
Physical  
Grades  
Obligations  
Initials/Date

**REGISTRATION MUST BE DONE IN PERSON - PLEASE DO NOT MAIL OR FAX**

NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
Please Print

STUDENT I.D. NUMBER: \_\_\_\_\_ Year In School: FR. \_\_\_\_\_ SO. \_\_\_\_\_ JR. \_\_\_\_\_ SR. \_\_\_\_\_

Does the student reside full time with his/her parent within the boundaries of OPRFHS District 200? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If NO, proceed to the next question.**

Does the student reside full time with a court appointed legal guardian within the boundaries of OPRFHS District 200?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please submit the court orders establishing legal guardianship to the Athletic Department. If NO, the student and/or guardian MUST meet with the Athletic Dept. Staff in person.

Are you a Transfer student? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, from where? \_\_\_\_\_

Are you a Foreign Exchange Student? Yes \_\_\_\_\_ No \_\_\_\_\_

**Agreement to Participate in Athletic Program:** My child/guardian has permission to participate in the OPRFHS Athletic Program. I understand that the school is not liable for any injuries my child may receive while participating, and I assume all risks for any injuries my child may sustain as a result of participating in the athletic program. I agree to indemnify and hold the School District, its employees, agents, coaches, Board of Education, and volunteers harmless from any and all liability, actions, or claims of any kind and nature that may arise while the student is participating in the school sponsored athletic program, including relating to physical injury to the student or others, or contracting COVID-19 while participating in the above indicated sport. The terms hereof shall serve as release and assumption of risk for the student and parent/guardian and for all members of the student's and parent/guardian family. I further consent to any treatment deemed necessary by a licensed physician or athletic trainer designated by the School District. If any term, covenant, condition or provision of this waiver is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired or invalidated. I am aware that participation in sports involves travel with the team, and that the school is responsible for transporting all athletes to and from all events, and I accept the risks inherent in all travel associated with the sport in which the student is participating in. If I plan to transport my child to or from an event I must inform the coach ahead of time and use the appropriate waiver process as outlined in the OPRFHS Athletic Handbook.

**Concussion Policy:** I understand that the IHSA and OPRFHS have implemented policies and procedures regarding the treatment of concussions and head injuries, which require, among other things, that a student who exhibits signs or symptoms consistent with a concussion or head injury must be removed from participation/competition at that time and not allowed to return to play until cleared by a licensed physician or certified athletic trainer. These concussion protocols are in compliance with OPRFHS Board Policy 7:305, and the current IHSA Concussion By-laws.

**IHSA Performance Enhancing Drug Policy:** Any student-athlete who uses a substance from the association's banned drug classes, without written permission from a licensed physician, violates IHSA By-law 2.170, and is subject to IHSA penalties, including ineligibility from competition. We consent to random testing in accordance with the IHSA's current steroid testing policy.

**Athletic Code of Conduct:** Participating in the Athletic Program is considered an extension of the regular school program. The student-athlete must agree to abide by the Athletic Code of Conduct, while participating in the Athletic Program. We agree to all procedures and policies established by OPRFHS, the West Suburban Conference, and the IHSA. **We understand that the Athletic Code of Conduct is in effect 365 days a year, and that any violations which negatively impact the school, team, or community, may result in dismissal from the team and the OPRFHS Athletic Program.** More information on the Athletic Code of Conduct is available in the Athletic Handbook.

*By signing below, I acknowledge that I have received and read the above Agreement to Participate and the Concussion Information Sheet and that I agree to abide and be bound by the terms of these documents.*

**STUDENT SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_