

**JOLIET TOWNSHIP SCHOOL DISTRICT 204**

EXTRA-CURRICULAR PARTICIPATION CODE  
STUDENT AND PARENT/GUARDIAN AGREEMENT AND RELEASE  
AND IHSA STEROID CONSENT/CONCUSSION INFORMATION AND TESTING

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

By affixing my signature, I affirm that I have read and understand the Extra-curricular Participation Code, the rules of the Coach/Sponsor for the extra-curricular activity identified, the student and parent/guardian agreement and release, the IHSA Steroid Policy, Concussion information and Impact Testing information and all the rules governing participation in the activity.

A. As a student, I understand that participation in this activity is a privilege and I acknowledge that I will represent the school and my peers and that my behavior shall meet or exceed all expectations. I recognize that there may be risks of physical injury involved in my participation and I accept those risks. I release and discharge the School District, the Board of Education, its officers, members, employees, and agents from any and all claims that may accrue to me as a result of my participation.

B. As a parent/guardian, I understand that my child's or ward's participation in this activity is a privilege and I acknowledge that he/she will represent the school and his/her peers, and that his/her behavior shall meet or exceed all expectations. I recognize that there may be risks of physical injury involved in my child's or ward's participation and I accept these risks. I release and discharge the School District, the Board of Education, its officers, members, employees, and agents from any and all claims that may accrue to me or my child or ward as a result of his/her participation.

C. IHSA Steroid Testing Policy Consent to Random Testing: I have read the information included in the handbook\*. I understand its contents. Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance from the IHSA's banned drug classes, without written permission by a licensed physician, to treat a medical condition, violates IHSA by-law 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams that participate in state series competitions for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school. By signing below, we consent to random testing in accordance with the IHSA's steroid testing policy. We understand that, if a student or student's team participates in state series competitions, 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.

D. Concussion Information: I have read the information included in the handbook\*. I understand its contents. 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. You should also inform your child's coach if you think that your child may have a concussion.

E. IMPACT Testing: I have read the information included in the handbook\*. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I have had the opportunity to review the information available at ImPACT's website, and to discuss this testing with my child's private physician. I also understand and agree that the results of the test and any additional testing may be made available to School District staff and contractors, including but not limited to coaches, trainers, physicians, school nurses, and educational or administrative personnel, subject to the Illinois School Student Records Act. I agree to participate in the ImPACT Concussion Management Program.

\*The handbook is available on our website: [www.jths.org](http://www.jths.org).  
Please go to the Athletics home page for a link to the handbook.

\_\_\_\_\_  
Printed name of student-athlete

ID# \_\_\_\_\_

\_\_\_\_\_  
Signature of student-athlete

\_\_\_\_\_  
Printed name of parent-guardian

\_\_\_\_\_  
Signature of parent-guardian