

**PARENTAL CONSENT FORM FOR STUDENT PARTICIPATION IN
COLLINSVILLE HIGH SCHOOL ACTIVITIES/SCHOOL ATHLETICS**

STUDENT NAME _____ STUDENT SIGNATURE _____

PARENT NAME _____ PARENT SIGNATURE _____

ALL CHS SPORTS STUDENT WILL PARTICIPATE IN _____

CODE OF CONDUCT

I have received a copy of CHS CODE OF CONDUCT FOR ATHLETICS. The student listed above has my permission to participate in CHS Athletics in accordance with the provisions contained in the Parent/Student Handbook. As a member of a school athletic team representing Collinsville High School, I agree to conduct my behavior in accordance with the provisions of the Disciplinary Code or suffer the consequences as outlined. I understand the school is not liable for any injuries that may be received while this student is participating in student athletics. I further consent to any treatment deemed necessary by a licensed physician designated by the person in charge, for any illness or injury resulting from participation in student activities. Every effort will be made to contact parents or guardians and to follow instructions on the emergency card for this student.

I HAVE READ AND UNDERSAND THESE CODES FOR THE CONDUCT OF STUDENTS PARTICIPATING IN STUDENT ATHLETICS AND GRANT APPROVAL FOR THE ABOVE STUDENT TO PARTICIPATE IN CHS ATHLETICS.

I DO NOT GRANT APPROVAL FOR THE ABOVE STUDENT TO PARTICPATE IN CHS ATHLETICS.

PARENT/GUARDIAN INITIALS _____ STUDENT INITIALS _____ DATE _____

REJECTION OF STUDENT INSURANCE FOR ATHLETIC COMPETITION

I have private medical/hospital insurance: YES NO

I will be purchasing student medical or football insurance offered by the Board of Education: YES NO

Because my child is adequately covered by comparable, individually owned insurance or protection, by medical coverage of the United States, I reject available school insurance and request that my child be allowed to participate in athletics without being covered by insurance. In the event, my child may be injured while participating in school athletics thereto; I release Collinsville Unit District #10 from liability.

PARENT/GUARDIAN INITIALS _____ STUDENT INITIALS _____ DATE _____

CONSENT TO RANDOM DRUG TESTING

I have read the Collinsville High School Athletics Drug Testing Policy for student participants in the CHS Student Handbook. This includes the IHSA Performance-Enhancing Substance Testing Policy. I understand and agree to the said policies and procedures. I understand the possibility of being subjected to drug testing as a condition of participation in interscholastic athletics. I understand that if I disobey the rules I will be excluded from the opportunity to participate in interscholastic athletics as provided in the District's policy and procedures. I also give the drug facility permission to discuss all test results with the proper Collinsville High School personnel.

PARENT/GUARDIAN INITIALS _____ STUDENT INITIALS _____ DATE _____