

Lake Forest High School
2009-2010 Freshmen – OR - Transfer Athletic Participation Card

The success of the LFHS Athletic Program depends on the cooperation of the athletes, the parents, and the Athletic Department. It is important that you read and understand the following statements.

Name _____		
Address _____	Phone: _____	
Grad YR: _____	Sport(s): Fall _____, Winter _____, Spring _____	

Falsification Of Any Information On This Form Is Subject To Disciplinary Action Under The LFHS Athletic Code Of Conduct.

ACADEMIC ELIGIBILITY PER ILLINOIS HIGH SCHOOL ASSOCIATION (IHSA)

To be eligible to compete on any Lake Forest High School interscholastic athletic team, each athlete MUST:

- (a) have passed a minimum of 2.0 units of credit the previous semester and
- (b) be enrolled in, attending, and passing courses that will generate 2.0 units of credit the current semester.
- (c) transfer students must have completed and approved **IHSA** transfer/residency forms on file in the Athletic Office before eligibility will be granted.

**PARENT PERMISSION
WARNING**

Athletic Activity can result in serious injury. Every Athlete must be aware of this fact and take every precaution to minimize the possibility of injury to yourself and others. In addition to preparing themselves for athletic competition, athletes must conform to instructions and regulations governing safety procedures.

ATHLETIC ACCIDENT INSURANCE

Lake Forest High School does not assume responsibility for medical/hospital expenses resulting from a student's injury while he/she participates in the LFHS Athletic Program.

PARENTS you must indicate what provision you are making for your student/athlete by checking at least one of the options below.

- _____ We have purchased LFHS Supplemental Student Accident Insurance.
- _____ We have an insurance program (other than LFHS Insurance) that will cover our Student/Athlete.
- _____ **WAIVER:** We have no insurance & understand that we are responsible for any Medical/Hospital bills.

I/We understand the above statements and give permission for the above named student to participate in the Lake Forest High School Athletic Program. In case my child needs emergency health care due to a sudden potentially serious illness or injury at school and it is impossible to contact me, I hereby give Lake Forest High School personnel my permission to arrange for or provide such care as is deemed necessary.

Date: _____ **Parent's Signature:** _____

Date: _____ **Student's Signature:** _____

THIS FORM MUST BE FILED ANNUALLY IN THE ATHLETIC OFFICE BY THE 1ST DAY OF PRACTICE OF THE ATHLETE'S SPECIFIC SPORT SEASON