

Athletic Participation Signature Form - 2019– 2020 school year

Student Athletes and Parents / Guardians of the student wanting to participate in athletic programs at Rochelle Twp. High School are required to sign below that they have read the required information for athletic participation during the 2019 – 2020 school year.

By signing below, you are acknowledging that you (student and parent/guardian) have read the school information regarding Private Insurance Requirements, IHSA Steroid Policy, Return to Play (RTP) Concussion Policy, R.T.H.S. Code of Conduct and information on the RTHS Student Random Drug Testing Program.

- I have read a copy of the Private Insurance Requirements for participation in Rochelle Twp. High School Extra-Curricular Athletic activities and programs.
- I have read a copy of the IHSA Steroid Testing Policy Consent to Random Testing, Consent to Self-Administer Asthma Medication *and* the Concussion Information Sheet regarding the IHSA Return to Play (RTP) for concussion and head injury.
A separate signed IHSA Acknowledgement and Consent Form is required to be signed.
- I have read a copy of the Rochelle Township High School Code of Conduct for Extra-Curricular Participants provided for me by the RTHS Athletic Office.
- I have read the information on the Rochelle Township High School Student Random Drug Testing Program.
Students who have already previously signed this form do not need to sign another . This Consent to Test form will be on file for the student's career at RTHS.
- I give permission for my son/daughter to participate in extra curricular athletic activities and programs at Rochelle Twp. High School.

Name of student athlete (please print)

Signature of student athlete

Date

Signature of parent/guardian

Date

Signature of parent/guardian

Date

Office use only:

Fall: _____ Winter: _____ Spring: _____ 2019-20